



The  
University  
Of  
Sheffield.

**THE IMPACTS OF THE HIV/ AIDS PANDEMIC ON RURAL LIVELIHOODS: THE  
CASE OF THE GHANA-TOGO BORDER REGION**

**A Thesis submitted in partial fulfilment of the Degree of DOCTOR of PHILOSOPHY**

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One of the most famous claims in the history of philosophy, made in the first sentence of Aristotle's METAPHYSICS, holds that

**“All men naturally desire knowledge”.**

Because we have rational souls, this “impulse” to know is embedded in our human nature. He explains that the reason why human beings “prefer sight to any of the other senses” is that, it is the one most fit for providing knowledge.

ARISTOTLE

## **DEDICATION**

This thesis is humbly dedicated to my parents, Madam Elikplim Demakpor, alias **Nanye** and to the loving memory of my late Daddy, Mr. Andreas Duphey and late Uncle Godsway Demakpor (who passed on in December 2012 respectively) for their wonderful support always. Above all, I will like to dedicate this work to the holistic vision of the First President and the Founder of the Nation Ghana, Osagyefo Dr. Kwame Nkrumah, but for whose Light and Laudable fee-free but compulsory Primary Educational Policy at the embryonic stages of Ghana's independence would have left the researcher in a perpetual darkness. Furthermore, I am humbled by the various support and positive impacts of inspiration I had from those who departed and pray that they all live in the bosom of the Good Lord. May their souls rest in Perfect Peace.

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## **ABSTRACT**

The proposed research builds on the sustainable livelihoods framework. The livelihoods approach has gained a very wide publicity among development practitioners such as the UNDP, DFID, Agencies, Non-Governmental Organisations and policy makers. Even though the livelihoods framework has been used for a while, it still appears as a catch phrase in rural development, especially in partnership with the rural dwellers. In this study, therefore, the sustainable livelihoods approach has been used in a holistic manner to be able to understudy the daily living activities undertaken around the Ghana-Togo border region domiciled by the Ewes. In specific terms, the livelihoods framework has been used to explore the nature and significance of cross-border networks (e.g. families, tribal groups, trading networks, waged labour and mobility) and evaluate the cross-border impacts of severe illness such as HIV/AIDS on these networks and livelihoods of the Ewes who by dint of the colonial legacy have been divided into two different sides of the same colonial border. The “innovation” in this new dispensation has become movement to see people of same ethnic origin imposed by the colonial political economy. Mobility across the Ghana-Togo border is not therefore carried out by purely economic considerations such as trading and buying and selling. Rather, mobility serves as viable livelihood strategy and sustained by social networks and social capital that have been found to be more relevant than people who migrate and change their residences in search of greener pastures. Mixed methods approach has therefore been used together with the livelihoods framework to study the migration or mobility/HIV/AIDS and livelihoods nexus in order to find out the extent to which HIV/AIDS impacts on the border residents’ livelihoods.

Mobility as an important socio-economic phenomenon can no longer be taken for granted and dovetailed under migration just because of the derived gains in form of remittances usually sent home and on which much literature abound. Due to the inception of the ECOWAS PROTOCOL, people of the sub region have unrestricted movement to and from across the border. A study of the huge movement of people from near and far in terms of knowing the indirect effects of HIV/AIDS deaths and illness on livelihoods in these areas that may be trans-national and multi-local in nature seems to be long overdue. Thus the study therefore sets out to find out the impacts of the HIV/AIDS-Migration/Mobility-Livelihoods nexus.

## **ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CIDA	Canadian International Development Agency
DFID	Department for International Development
ECOWAS	Economic Community of West African States
FAO	Food and Agricultural Organisation of the UN
FHH	Female Headed Household
HIV	Human Immune- deficiency virus
ILO	International Labour Organisation
IMF	International Monetary Fund
LF	Livelihood Framework
MDGs	The Millennium Development Goals
MHH	Male Headed Household
NGOs	Non-Governmental Organisations
NHARCON	National HIV/AIDS Research Conference
NHIS	National Health Insurance Scheme
PLWHA	People Living with HIV/AIDS
SAP	Structural Adjustment Programme
PMTCT	Prevention from Mother to Child Transmission
SL	Sustainable Livelihoods
SLA	Sustainable Livelihoods Approach
SRL	Sustainable Rural Livelihoods
STDs	Sexual Transmitted Diseases
STIs	Sexual Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Educational Fund
USAID	USAID United States Development Agency
WAHO	West African Health Organisation
WAYI	West African Youth Initiative
WFP	World Food Programme
WHO	World Health Organisation

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## CHAPTER ONE

### 1.1 Background to the study

The HIV/AIDS pandemic constitutes one of the most profound and complex challenges facing development and poverty alleviation with negative impacts on health as well as social and economic progress. Globally, there were 35.3 million people living with HIV/AIDS in 2012 (UNAIDS, 2013), while sub-Saharan Africa has been identified as the ‘hotbed’ of the HIV/AIDS pandemic (Krieger et al., 2003). Indeed, sub-Saharan Africa was the home to 70% of the world’s population dying from AIDS in 2011 (UNAIDS, 2012), where 92% of the world’s HIV-positive pregnant women live (UNAIDS World AIDS Day Report, 2012; UNAIDS Special Report, 2013) with 91% of all children who have been newly infected with HIV (UNAIDS/WHO, 2011).

Although the population said to be dying of AIDS-related causes in sub-Saharan Africa dropped to 32% between 2005 and 2011 (UNAIDS, 2012) while the yearly number of new HIV infections declined since 2001 by 34% (UNAIDS, 2013), there has still been an unending increase in the rate of HIV infection from one year to another. In sub-Saharan Africa, the population living with HIV in 2011 was 23.5 m (UNAIDS, 2012). Women and girls constitute the majority of the HIV burden, totalling 58% of all people living with HIV within sub-Saharan Africa between 15-24 years of age (UNAIDS Special Report Updates, 2013). Owing to this, Kamali (2010) argued that the most debilitating effects of the HIV pandemic were in sub-Saharan Africa especially in East and Southern Africa with HIV prevalence rates reaching 30% in some parts.

The HIV/AIDS pandemic has therefore become a ‘thorn’ in the socio-economic development of most developing countries in general and specifically, sub-Saharan African countries. Indeed, Sachs (2005: 200) asserts “the only certainty is that HIV/AIDS is an unmitigated tragedy and a development disaster throughout Africa, especially in the hardest hit regions of eastern and southern Africa”. The devastation caused by the HIV/AIDS pandemic within sub-Saharan Africa threatens both general and specific development agendas of these countries.

This research focuses on both Ghana and Togo (two countries located in West Africa) and intends to explore the impacts of HIV/AIDS on the livelihoods in both countries. The region being studied is an adjoining area that is inhabited by Ewes in both Ghana and Togo. This

same ethnic group (Ewes), before the dawn of colonialism had no physical borders between them but lived together as one great group of people under one traditional administration. During the Scramble and Partition of Africa, the Ewes became divided and therefore belonged to different colonial “master” territories (Li, 2002; Adu-Boahen, 1966). These boundaries or demarcations were based on the Westphalia model of statehood, a sovereign and a free state without due regards for existing affinity and kinship ties.

With the imposition of borders, the colonialists were rigid and adopted measures which restrained movement of people and certain goods<sup>1</sup> across the borders. See for example (Nugent, 2002; Herbst, 2000; Adu-Boahen & Ade Ajayi, 1986; Griffiths, 1986; Hargreaves, 1985). In spite of the efforts made by the colonial authorities at restraining movements across borders, migration and cross-border mobility, however, became enduring phenomena. It suffices to say the unabated interaction between the Ewes at the two sides of same border can be found in the analysis of ethnic groups as postulated by Barth. Indeed, Barth maintains ethnic groups are sets of ascriptions and identified as being a proof of collection with distinctive biologically self-preserving features which are in harmony with one another through interaction between themselves and others (Barth, 1998).

Thus, the significance and nature of cross-border networks between Ghana and Togo of families, tribal groups, trading partners and networks persisted. People continued to move in search of waged labour and other kinds of mobility to support their rural livelihoods. This movement of people within the sub-region can be assumed to have an instrumental impact on the rate of HIV infection and for that matter, the HIV pandemic. It is important to note that HIV transmission is linked to movement (Martini, 2006). See chapter 2 for more details on social capital as embedded in the Ewe ethnic group. The seemingly low rates of HIV sero-prevalence in Ghana and Togo tend to hide “hot spots” of higher HIV prevalence rates within the two countries. There were, however, differences between the HIV rates of infection between Ghana and Togo, with the latter having higher HIV sero-prevalence rates than the former (UNAIDS, 2013). Thus, the sero-prevalence rate of HIV infection in Togo in 2012 was 2.9% while for same period in Ghana, the rate was 1.4% respectively.

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<sup>1</sup> Gunpowder, guns and locally distilled alcohol were among goods not allowed across the borders due to security concerns and also to protect the foreign goods brought in to be sold within the colonies.

**Table 1.1: Epidemiological characteristics of HIV/AIDS in Ghana and Togo**

Country	Year 2012 Infection Rate	Year 2012 PLWHA (All Ages)	PLWHA 15+ 2012	PLWHA 15-24 2012 Females	PLWHA 15-24 2012 Males	Reported No of Adults on ART 2012	No of Adults Needing ART 2012
<b>GHANA</b>	1.4%	240,000	210,000	0.5	0.3	66,366	110,000
<b>TOGO</b>	2.9%	130,000	110,000	0.9	0.5	28,213	57,000
Country	Estimated Adults/ART Coverage (%) 2012	Est. Child. ART coverage 2012	Children Needing ART 2012	Children (0-14) Receiving ART- 2012	Estimate AIDS deaths 2012	Antiretroviral for prevention Mother-child Transmission 2012 (%)	Infection (All Ages) 2012
<b>GHANA</b>	62	25	14,000	3504	12,000	95%	8,000
<b>TOGO</b>	50	24	8,800	2098	7,200	86%	4,800

Source: 2013 Global Report/ UNAIDS, 2013.

From Table 1.1 above, the sero-prevalence rate in Togo is more than twice as high as in Ghana (UNAIDS, 2013). It is observed in Ghana that there is a phenomenal increase (95%) in the number of women living with HIV who received anti-retroviral for prevention of Mother- to- Child Transmission (PMCT) as against 86% in Togo (UNAIDS, 2013). Indeed, the UNAIDS/Global Plan, 2011 maintains Ghana has reduced the incidence of new HIV infections among children by half since 2009. Furthermore, UNAIDS news release of 25th June 2013<sup>2</sup>, notes that Ghana has exhibited globally, the highest decline of 76 per cent in the rate of new HIV infections among children since 2009, followed by South Africa (63 per cent). Table 1.1 shows that each of the genders living with HIV/AIDS between the ages of 15-24 in Togo had nearly doubled the infection rate of their counterparts in Ghana while females of same age in the same country were also nearly twice infected more than their males. While Anti-Retroviral Therapy (ART) coverage among children in Ghana is low, the adults' coverage was about two and a half times the total for children, in Togo, children's ART coverage was nearly half of the adults which implied slightly more children were covered by ART in Togo than Ghana. Recently, according to UNAIDS (2013), the adult HIV prevalence in Ghana has been reported to be 1.4% in 2012 and about 95 per cent of pregnant women living with HIV and eligible receive antiretroviral therapy (ART) while same report

<sup>2</sup> In fact, Ghana is said by the UNAIDS press release of the 25<sup>th</sup> of June 2013 to have achieved the highest decline of HIV infections among the children in sub-Saharan Africa since 2009 followed by South Africa (HIV-epicentre) with 63 percent (UNAIDS, 25<sup>th</sup> June 2013 Report).

(UNAIDS, 2013) maintains there were 130,000 people living with HIV/AIDS in Togo, a 2.9% sero-prevalence rate.

As two separate sides of a common divide (ruled earlier by the British and the French), certain distinctive features such as health, standards of living, educational levels and general development have emerged in both Ghana and Togo (UNDP, 2008). These differences in development inherited through colonial times to the present, could influence poverty and the rate of HIV infection in the two countries. As a result, Masanjala (2007) asserts that the HIV/AIDS literature has produced a general agreement that the HIV/AIDS pandemic is having profound and debilitating effects on the economies of developing countries and also causing difficulties for individuals and families, thereby endangering development and exacerbating poverty. In view of the socio-economic difficulties already associated with sub-Saharan Africa, Drimie (2002:3) maintains that “this is a region that can least afford the direct and indirect costs associated with the epidemic as it is characterised by illiteracy, poverty and lack of access to housing, health care and nutrition”. The challenges posed by the socio-economic conditions induced by arbitrary border closures<sup>3</sup> and disruptions in trade and mobility often due to misunderstandings between the Ghana and Togo governments negatively affect the border residents’ livelihoods (Mead, 2007). A detailed study on the situation would enable the policy makers to lend support to programmes and projects that could alleviate poverty and assist the rural residents of the border region under review.

## **1.2 Statement of the Research Problem**

This research investigates the impacts of the HIV/AIDS pandemic on rural livelihoods in the Ghana-Togo border region. Although the role of population mobility in the transmission of Sexually Transmitted Infections (STDs/ STIs) including HIV/AIDS in cross-border areas is now widely recognised (UNAIDS Western Africa Youth Initiative, 2001<sup>4</sup>; Action for West Africa Region-RH/HIV<sup>5</sup>, 2003-2008; IRP for Maternal & Child Health in WA, 2009-2013)<sup>6</sup>

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<sup>3</sup> The Ghana-Togo border was not closed as often as before. The border closure was, however, very rampant during the early 1980s and 1990s due to stiff opposition President Eyadema of Togo experienced. He distrusted and was apprehensive of the Ghanaian government under young Flt. Lt. J.J.Rawlings who took care of the numerous refugees who came from Togo at the time.

<sup>4</sup> The UNAIDS West African Youth Initiative (WAYI), was meant to increase awareness and understanding of sexuality as well as reproductive health, and to popularise safer sex and contraceptive use, especially among sexually active youth in both Nigeria and Ghana. In 1994 and 1997, the Association for Reproductive and Family Health (ARFH), assisted organisations in their operation in the local communities.

<sup>5</sup> Action for West Africa Region (AWARE) -RH/HIV, (2003-2008) was sponsored by USAID which intended to make people aware of sexually transmitted infections and HIV/AIDS.

there is not much known about the indirect effects of HIV/AIDS deaths and illness on livelihoods in these areas (African border regions) that may be transnational and multi-local in nature. The Ewes who live on the Ghana-Togo border are the same ethnic group, whose familial and kinship ties thrive due to network/social capital among the people as people cross the old colonial border on a daily basis (Amenumey, 1986;1968; Nukunya, 1969).

The British and French who established and administered Ghana and Togo<sup>7</sup> respectively did not provide any viable economic possibilities at the common borders, which could have developed into feasible economic structures for the border residents to make a living from. The implementation of two different political economies which made and continue to make the use of two different currencies (CFA Franc, Ghana Cedi), did however bring about a thriving business to the border region. It is said variances within countries' national economic policies, differences in regional resources, and monetary currencies create lucrative zones of both exchange and trade within borders, usually illegally and secretly (Donna, 2008).

Thus, besides the aforementioned factors, border residents, through speculation and the logic of scarcity and demand for different goods and services produced on the two sides of the border, have been able to establish and promote viable trading links. It is said that trading across the border and exchange transactions form a very essential portion of the "border experience" (Donna, 2008, Op cit). see (Jenny et al., 2010 and Gopinath, 2009). Furthermore, the Economic Community of West African States (ECOWAS) protocol (2001<sup>8</sup>), in its need to achieve economic integration and co-operation among member states has allowed and promoted free movement of goods and people within the region. This has given a new momentum to travelling across the Ghana-Togo borderland, which is characterised by 'unrestricted cross-border' movements of people who share a common ethnic ancestry (the Ewes) and practise similar mixed livelihoods such as subsistence agriculture, trading and handicrafts, but who have been subject to different colonial histories and post-colonial policies (Adepoju, 2002, 2000; Ojo, 1999; Asante, 1990). The research will examine the causes and consequences of massive mobility across the border and the impacts of long term illness/HIV/AIDS on livelihoods among the same people (Ewes) divided by a common

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<sup>6</sup> The Canadian International Development Agency (CIDA) and their support to minimise maternal and child mortality in West Africa was done through the West African Health Organisation (WAHO) 2009-2013 Strategic Plan.

<sup>7</sup> The Germans colonized Togo but after their defeat in the First World War, lost the territory to the French.

<sup>8</sup> The ECOWAS protocol that was signed on the 21<sup>st</sup> of December, 2001 did not come in force until 2005 (Ebobrah, 2007). Therefore, there seems to be different political and economic tariff regimes practised early

border and subject to different colonial and post-colonial policies on migration.

Citing Twum-Baah et al., (1985), Adepoju (1998) maintains that the French colonial policies which made recruitment and forced labour compulsory, in order to accomplish the labour needs for both export and infrastructure, impacted migration and mobility processes. This has been collaborated by Agyei & Clottey (2007) who argue that the strategies ended in large-scale internal and cross border movements within West Africa. Agyei. and Clotty (2007) further maintain the policies of the colonial powers ensured that certain nodes were created which aided the migration of people to the production arenas of raw materials such as gold, cocoa and rubber which were in high demand by the industrial sector within the metropolitan countries. As a result, migration process (both internal and international) within and between Ghana and Togo had some boost due to improvement in the transport network within and across the countries.

### **1.3 Migration and Mobility across the border**

There has been little research on the impact of HIV/AIDS on livelihoods in the Ghana-Togo border region characterised by highly mobile population. The population movement across the Ghana-Togo border comprises of two main different types or patterns of movements. Often, the two terminologies used to indicate two major categories of movements of people across the Ghana-Togo border are migration and mobility. These words are often used so interchangeably that often the actual meaning and significance of each word becomes blurred. For the purpose of this research, however, migration will be defined as a process of movement by human populations in search of “greener pastures” carried out by crossing either an administrative or intra-national or political boundary, referred to as inter-state or international migration (Adepoju, 1995), with a duration of time either temporary or permanent, covering for instance 0-5 years or more (Van Dijk, et al., 2001) with often different destination areas. Migration involves a change in a place of residence, and can therefore take place both internally and externally or internationally and so also is mobility.

It must be pointed out that not all movements across the Ghana-Togo border can be termed or constitutes migration, as the majority of the persons crossing the border either on daily/weekly basis do not change their residences but come back home after business is

conducted<sup>9</sup>. In that case, such movements to and from the villages and across the international frontier (Ghana-Togo border) is termed as mobility. These movements do not constitute changing one's residence or staying outside one's environment for long as experienced under migration. See Chapter 2.4 for more detailed discussion on Migration and Mobility. These circular movements across the border for trading purposes enhance and sustain the livelihoods of border residents which was/is promoted predominantly by existing social networks (social and financial capital), families, tribal groups, trading links, friendship ties and also information on waged labour demand across the Ghana-Togo border. Furthermore, the possibilities of finding employment and engaging in commerce serve as crucial factors for Africans crossing borders both in the past and present, and by so doing, realign these new and old networks (Nugent, 2003). Thus, mobility which involves the majority of these villages along the Ghana-Togo border, comprises of short and circular mobility across the border and back home, either on daily or weekly basis, all in support of and as a supplement to their main livelihoods strategy – subsistence farming.

The border residents carrying out trading while others look for or carry out employments across the borders engender or support a livelihood strategy in itself (migration/mobility) and at the same time use the monies acquired to support the household and other livelihoods. Rural dwellers, especially females, work during the farming calendar for either 4-6 months on the farms and trade vigorously across the border thereafter or trade together during the farming work. Rodrigues, (2012) aptly maintains African border locations have witnessed high mobility since colonial times, due to movement of migrant labour in search of jobs and to escape the demands for compulsory labour or fear of paying taxes. In addition, there was high circulation and exchange of economic activities within the border region, in which labour and trade served as important and determining factors in crossing borders. This creates and reshapes both new and old social and economic relations among the residents (Rodrigues, 2012, Ibid).

Mead, (2007) maintains the border is associated with an incessant mobility of people from both rural and urban settings for trade or commerce. This high volume of human mobility is made possible in part by economic forces of supply and demand for essential goods and

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<sup>9</sup> The majority of persons crossing the border on a regular basis, cross the border to either: trade, sell their goods/produce and buy exotic products home, look for menial jobs, help in domestic chores, become salesmen/women, people who run errands for other bigger business people, shop owners and come back home to the villages with some income.

services, and existing social network across the border which induces good cohesion and convergence among the people. The observed disparity in terms of physical infrastructure such as hotels and sprawling markets, “cheaper” essential and luxury goods (imported second hand cars) aided by a free port on the Togo side, coupled with the relative availability of more menial jobs, signifying better employment opportunities which seem to be absent on the Ghana side, are all attractive pull factors. The massive movement of people to and from Lome has ramifications for health (Mead, 2007) and as a result serves as a factor in the initial spread of HIV within the border region. This is a direct impact of the border established by the Germans/French and the British, even though long distance trading links through the region towards the Sahara pre-dated the colonial period.

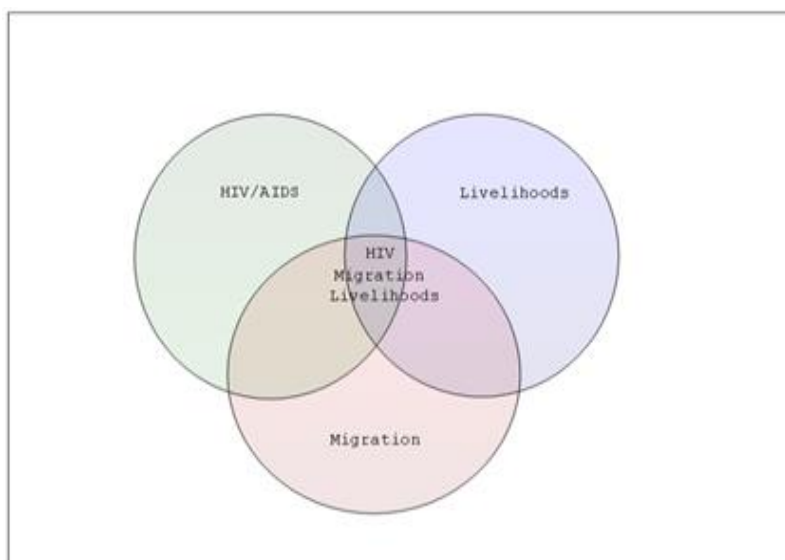
The movement across the border for long distances is referred to as international migration, which tends to be formed of people travelling in search of greener pastures and seeking possibilities to make wealth and gain resources they never had at home. Rodrigues, (2012: 6) argues that “Migration and mobility in and out of Africa are central factors in the social, political and economic dynamics of life in borderlands. It is also one of the main concerns of state authorities, both in and outside Africa, and a key feature in African social and economic strategies”. Often, long distance migration involves people with skills/human capital who travel to look for opportunities within other African countries that have had a more prosperous economy than in their original region. Indeed, Black et al. (2004) are of the opinion that long-distance international migration seems to be dominated by the more educated, less-poor individuals of the communities. According to Yaro (2008) cocoa and coffee cultivation in Ghana and Côte d’Ivoire and mining in the former, served as a magnet for north-south migrants from the Sahelian countries of Burkina Faso, Mali and Niger to utilise the unhindered seasonal economic opportunities of work in the middle-belt or the tropical rainforest. Seasonal cross border mobility is a major pattern of human movement in sub-Saharan Africa, from the drier Sahelian countries of Burkina Faso, Mali and Guinea Bissau to Cote D’Ivoire and Ghana, a pattern which has not changed, despite recent troubles (Shimeles, 2010).

Thus far, the processes of migration and mobility across the national frontier between Ghana and Togo have different meanings and are induced by varied factors. The more important movement across the border, which suggests a strategy of making a livelihood for and among border residents, is the daily movement either on foot or by car with intent of selling their



skills in form of labour and undertaking menial jobs, selling of goods and wares as well as seeking other opportunities. Much knowledge in Africa on the characteristics of migrants has been studied by Caldwell who surveyed 14,000 persons in both rural and urban areas of Ghana (Caldwell, 1969). The Ghanaian survey revealed 65 percent of respondents with no education had never migrated and did not intend to migrate, compared to only 17 percent for those respondents with some secondary schooling (Caldwell, 1969, Op cit). According to Caldwell (1969), in Ghana the highest propensity to migrate is estimated to occur in the 15-19 year old category, and that the average African migrant is young with distinctive characteristics as the African rural-urban migration is a selective process. The youthful exuberance of this mobile young migrant population could exhibit an attitude of trying anything new, which can induce risky behavioural tendencies.

**Figure 1.1: Venn diagram showing the intersection between migrations, Livelihoods & HIV**



Data Source: Field Survey, 2007

From the Venn diagram (Figure 1.1), the place where the overlap between the three circles occurs becomes the centre of weakness for both migration and livelihoods and at the same time the most highly vulnerable point becomes the epicentre of the HIV/AIDS pandemic. The relationship between HIV/AIDS and Livelihoods is that HIV/AIDS affects not only the quantity but also the quality of the productive labour force through long term illness of members of a household. With long term illness and finally death, the productive and reproductive capacities of active household members become weak as they concentrate in caring for several months and even years, leading to a loss of time, resources and knowledge.

Migration and mobility are often used as a strategy to either improve or support vulnerable livelihoods. The gains and wherewithal achieved during the migration/mobility process can mitigate the negative effects of a newly infected active migrant or traveller with HIV.

Resources can be used productively such as supporting the household and paying school fees until the infection develops into full-blown AIDS, where expensive care and medication poses problems. In addition, there is the emotional drain, stress and finally the shock and pain that dependents endure upon death of the household member. Often, migration and mobility strategies to find work are used when coping becomes difficult, and relatives may take up care of children. It is important to observe that whether travelling or not, people are always susceptible to contracting HIV. Local institutions, beliefs, health attitudes, sexual practices and sexual orientation, all possibly influence the way people approach sexual relations and ultimately impact the HIV pandemic. Considering the probable benefits (economics, socio-cultural), such massive movements of people across the region may bring to the individuals and countries, one can assert that meticulous, pragmatic policies and effective planning must be put in place to avert and contain the adverse effects that the HIV pandemic may have on the livelihoods of the people.

#### **1.4 Migration, HIV, livelihoods nexus**

The implication of migration across the border on livelihoods and HIV/AIDS cannot be taken for granted. Figure 1.1 shows a strong relation between migration, livelihoods and HIV/AIDS. From this Venn diagram, the migration, livelihoods and HIV/AIDS nexus intersects at a common space where they can have impacts on each other, either positively or negatively. Exploring the impacts of these three variables and their ramifications on border residents is therefore crucial. It is argued that through migration, risky social contacts are made which can lead to contracting HIV, and as a result, livelihoods become destabilized and a situation of vulnerability is created or worsened, finally leading to the collapse of livelihoods (Masanjala, 2007). Livelihoods based on subsistence agriculture along the border region often change when able-bodied household members migrate but life bounces back when remittances are sent home for various purposes. This has been confirmed by Savage and Harvey, (2007) when they maintained that remittances sent home provide for the basic needs of daily life, such as food, clothing, shelter, health and education, badly needed by household members.

Even though there are advantages associated with mobile populations (migrants) in the form of remittances and other support mechanisms to compensate for their absence, they also have higher risks of getting infected with HIV, as mobile populations most often have a higher chance of contracting HIV/AIDS (Bloom et al., 2002; Loewenson & Whiteside, 2001). Furthermore, migration is a factor that contributes to the spread and transmission of HIV (Cassels et al., 2011; UNAIDS, WHO, 2009). The family members who often get infected are the breadwinners (Fox, 2010) who seem to be the “hub” of the family/household. The resources that the breadwinner uses for the family can get exhausted upon becoming ill as avenues to replenish the income or resources diminish. This situation overstretches the resources of the family and negatively affects the wellbeing of the family thereby creating a vicious cycle. This situation is consistent with the argument made by Bonnel (2000), when he said that as HIV/AIDS spreads in an environment, a “vicious cycle” is triggered which undermines growth and as a result induces poverty. Upon infection of adults in families/households, breadwinners fall ill and their sources of earning incomes also stop.

Aflao<sup>10</sup>, a burgeoning city in the south-east corner of Ghana, as well as other border communities, are sources of a large migrant population that straddles the Ghana-Togo border. This localised migration stream in conjunction with the movement of people to and from the Abidjan-Lagos corridor through the border daily, cannot be over-looked as a melting point of many risky sexual life styles that can be potential enough to induce the spread of HIV/AIDS. According to Mensah (2001), HIV diffusion has occurred along the major road corridors and affected others, not necessarily just commercial sex workers and migrant workers. Mead, (2007) is of the opinion that the high prevalence rate in Aflao<sup>11</sup> has been precipitated by a number of factors, but the location of the population at the border between Ghana and Togo is crucial.

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<sup>10</sup> Aflao, a city of approximately 38,927 people (2000 Census), is located in the southeast corner of Ghana, extending into Togo. It is the most important border post (the border is being moved to Dzodze in 2012/2013) which has been located at the centre of the Abidjan-Lagos corridor and located very close to the capital of Togo, Lome, which has a free port. Aflao has the fourth highest population density in Ghana. It is a sprawling city, where over half of the residents are females and 45% are under the age of 15 (GTZ 2003:9). The region's local economy features farming and fishing industries; however environmental degradation has led to increased reliance on the border economy, more particularly when there are not many formal employment avenues available.

<sup>11</sup> In 2006, Aflao's government hospital, Ketu District Hospital, reported an HIV prevalence of 11.7% in a sample population of 530 women attending the hospital for treatment. The Biostatistics Office estimates that the overall (Mead, 2007 and Ketu District Hospital, 2007) prevalence of HIV among all women in Aflao is approximately 8%.

Although both Ghana and Togo report national HIV prevalence rates below 4%, (Refer to Table 1.1) Lomé reported an HIV prevalence of approximately 8% among women attending antenatal clinics, and similar clinics at Aflao also registered high HIV prevalence (8% and above) among women attendees. The comparable HIV prevalence in Aflao and Lomé provides evidence for the high degree of mobility and sexual exchange that occurs across the border. This is also consistent with the argument (Djemai, 2009) that risk of HIV-infection can be associated with major road or transportation networks. Thus, the sexual network can be aided by an accessible road, providing contacts with many more people, and mobile populations that link people who live near the roads with individuals that have higher risks of HIV-infection or road users from near and far where HIV seropositivity is higher. When people move across the border, especially when outside their usual environments, they seem to adopt risky sexual behavior (Adaji-Nwokoji and Ajuwon, (2004).

The massive movement of people and goods through the Abidjan-Lagos Transport corridor which accommodated between 2001 and 2006, a population of between 30-47 million people (do Sacramento et al., 2008) has implications for the spread of HIV infection. This phenomenal movement of people through the corridor across the study area (the Ghana-Togo border) has far reaching implications for HIV/AIDS and its impacts on the livelihoods of the people within the region. Migration or mobility is therefore very important and it is only when care is taken that benefits can be achieved.

It has been contended that it is not mobility per se but the circumstances surrounding movement that predisposes an individual to present behavior likely to result in HIV infection (UNAIDS, WHO, 2009). On a global basis, nearly 50% of the people living with HIV/AIDS since 2008 are women (UNAIDS, 2010). Women have been the main traders across the Ghana-Togo border. Women are the sole traders of food stuffs and work as market and domestic help. In carrying out diversification of livelihoods across the border, women with the support of their husbands seem to dominate cross border trading activities. As there are more women trading across the border, and women are performing a greater number of non-agricultural production, even within male headed households, the male dominance in domestic cash earning is being corroded (Bryceson, 1999). There is no doubt that the young married women taking part in this vigorous trade across the borders were faced with many risks, including HIV infection and robberies of their wares.

The strategic position of Lome (Togo) at the convergence of two important highways connecting the Abidjan-Lagos corridor and the Lome–Ouagadougou (Burkina Faso) route (Sodji, et al., (2003) in Cheema (2004:25), coupled with the sprawling commercial centre instigated by the duty free harbour, encourages people from near and far to cash in on the congenial business atmosphere. Furthermore, it has become common knowledge that populations joined together through these major transport hubs also exhibit a high degree of vulnerability to HIV/AIDS and other STIs (do Sacramento et al., 2008, Ibid). In view of this the World Bank launched the first regional HIV/AIDS prevention project in 2003 (World Bank Project, 2003). In 2012, the HIV infection rates among the five countries comprising the corridor were: Côte d’Ivoire 3.2%, Ghana 1.4%, Togo 2.9%, Benin 1.1% and Nigeria 3.1% (UNAIDS, 2013). The fear of a possible pandemic stems from the fact that 3 million people are said to be of high risk behaviour and travel through the five countries on yearly basis (Togo Department Health Statistics, 2005).

Figure 1.2 (Map of West Africa) shows the area referred to as the *Abidjan- Lagos corridor*: the main trunk road linking Côte d’Ivoire, Ghana, Togo, Benin and Nigeria is indicated by the arrow.

**Figure 1.2: A Map of West Africa showing the Abidjan and Lagos Transport corridor**



Data Source: Field Survey, 2007

Rapid developments in communication and transportation systems in the last half-century have aided migrations, not only from developing to industrialized countries, but also within or between developing countries with socio-demographic changes (Carballo et al., 1996). Thus, travelling across the border to sell goods or look for jobs is worthwhile as it can diversify income for the household by having more than one livelihood to depend on, crucial in a fragile geographical zone (Dickson and Benneh, 1988).

### **1.5 Aims and Objectives of the Research**

Having defined the research problem in the previous sections (1.2 & 1.3), this section sets out the aims and objectives which have been formulated for this research. Creswell (2003) maintains objectives and research questions are very important and can be signposts for the investigator in pursuing a research activity. In light of this, the overall aim of this study is:

To investigate and examine the impacts of the HIV/AIDS pandemic on rural livelihoods in the Ghana-Togo border region. The Ewes who had lived together as one ethnic group before the borders were created and imposed on them by the colonialists, found themselves on two sides of the same border. Thus, the same families/relatives became divided by the border and now belong to two different colonisers, the British and the French and subjected to two political economies. Through this research, a detailed understanding of the impact of HIV/AIDS on the rural livelihoods of the Ewes along the Ghana-Togo border will be explored. Within the remit of the overall aim of this study, this research seeks to achieve the

following four specific objectives of the study.

1. Explore the nature and significance of cross-border networks (e.g. families, tribal groups, trading networks, waged labour and mobility) to rural livelihoods.
2. Evaluate the cross-border impacts of severe illness such as HIV/AIDS on these networks and livelihoods.
3. Assess the role of informal institutions, (e.g. customary laws, laws of inheritance) in mediating access to livelihoods particularly among HIV/AIDS affected households on either side of the border.
4. To explore and examine contemporary policies that impact the livelihoods in HIV/AIDS affected households of same ethnic group on either side of the border.

## **1.6 Methodological Approach**

To investigate the impacts of the HIV/AIDS pandemic on rural livelihoods, a mixed methods approach (Creswell, 2013) within the study area was used: including a survey questionnaire, semi-structured interviews, secondary data sources and participant observation. Through the survey, extensive information was captured on how and what people did to make a living, the capital assets that existed, as well as people's entitlements to them within the household in the various localities. In addition, semi-structured interviews were used to complement the questionnaire surveys and also to deepen the results. According to Flick et al. (2004) semi-structured interviews are flexible, open-ended and in-depth. The Mixed methods approach has been used to arrive at more balanced results and to minimise and mitigate biases that might be inherent in a study if one method is used. See Chapter 3 - the Methodology chapter for details on methodological approach, especially Figure 3.1 which outlines the research terrain that this research will be addressing.

## **1.7 Significance of the study**

As a matter of urgency and importance, this section throws light on the significance of the theme: Impact of the HIV/AIDS pandemic on rural livelihoods in the case of the Ghana-Togo border region. Sub-Saharan Africa accommodates nearly 70% of the global total of people with HIV and 20 million Africans (UNAIDS, 2012) have lost lives due to the pandemic, and Africans will continue to suffer negative consequences of the pandemic, as not only will life expectancy be reduced but poverty will be exacerbated along with all its ramifications.

This research therefore emanates from a genuine human necessity to attempt to assist communities by recognising the alarming and increasing social and economic problems that follow the high incidence of HIV/AIDS in the Ghana-Togo border region. My thesis, apart from contributing to knowledge, will help illuminate some of the ‘blind spots’; gaps in the study of the impacts of HIV/AIDS on livelihoods by not only looking at HIV/AIDS from the point of health or bio-medics, but to explore its implications on livelihoods in order to inform social policy and action. The importance of this study cannot be over emphasised in the face of the recent influx of workers from all over the world for employment in the oil industry in Ghana and the implications of this development for the spread of HIV in the region.

This study needs to play a crucial role in both Ghana and Togo national responses to combat the HIV/AIDS pandemic by serving as the vehicle for an evidence-driven national response. The study is indeed consistent with the observation of Kalipeni et al. (2005) of a paradigm shift from the prototype understandings brought about initially by biomedical and epidemiological research, arguing that HIV transmission in sub-Saharan Africa is a complex phenomenon embedded in local economies, socio-cultural institutions, migration, gender, cultural politics and deepening poverty. The *indirect* effects of long term illness or HIV/AIDS deaths on livelihoods in African border regions that may be trans-national and multi-local in nature will induce more research and inform policy as well.

The ECOWAS protocol (2000) has created ‘unrestricted cross-border’ movements of people from countries of the sub-region, which in the face of HIV/AIDS has certain risk implications. This study on interactions and consequences between mobility, long term illness/HIV/AIDS and livelihoods among the Ewes living on the two sides of the same border will aid knowledge production which will unravel the related health hazards and poverty situation, especially the impact of HIV/AIDS on livelihoods which can aid research and inform policy decisions of the two countries. Oppong (2005) as well as Agyei-Mensah (2005) argue that HIV/AIDS, brought near catastrophic consequences to Ghana during the 1990s and middle of 2000. Consequently, Agyekum Kuffour (2004)<sup>12</sup> maintains that the HIV/AIDS

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<sup>12</sup>Agyekum Kuffour, J., President of the Republic of Ghana (2001-2008) at the opening of the National HIV/AIDS Research Conference (NHARCON) in Accra, Ghana on 11th February 2004 spoke to the issue of the HIV/AIDS pandemic and admonished policy makers of how seriously they should approach the issue of prevention and other serious policies to avert a health calamity.



pandemic will bring destruction upon the society if no serious efforts are made to mitigate its impact. Otherwise it will cause a social liquidation of society and hamper the development of different segments of the economy, and education, health, industry, agriculture, transport and communication will suffer drastically.

Through this study, it is possible that new frontiers of knowledge will be enhanced through a process of scientific inquiry that will aid academic originality. Thus, findings on mobility across borders and migration process that exist between ethnic groupings will contribute to policy, information and awareness on border regions that have a high incidence of mobility/migration, livelihoods and HIV/AIDS. The knowledge acquired through this study was based on good empirical observation and framed by theoretical insights based on grounded theory, and finally aided by the livelihoods model which offers opportunities for further research.

### **1.8 The Structure of the Thesis.**

The thesis is organised in three sections comprising seven chapters. Figure 1.4 on page 22 describes the outline of the thesis. The first part is the framework of analysis, and consists of three chapters (Chapters 1-3) and focuses on introduction, literature review, conceptual framework and methodological issues. In particular, Chapter 1, looks at the background to the study, the research problem as well as the objectives and the significance of the study.

Chapter 2 examines the Conceptual Framework. This chapter in particular discusses the Livelihoods Framework, rural livelihood approaches, networks, social capital as a driving force behind mobility across borders, sustainable rural livelihoods and reasons for using the livelihoods model to study the impact of HIV/AIDS.

Chapter 3 is devoted to research methodology and discusses the research methods employed in the study. Section 1 of this chapter dwells on the introduction of the study while the second section addresses the study areas and is followed by a brief history. The next section deals with research design, followed by a description of the study area, a section on the sites, preparation for the data collection and data collection methods used in the study. This is followed by a description of data analysis and conclusion.

Chapters 4-6 constitute the empirical part of the thesis. Chapter 4 is on livelihoods, and is

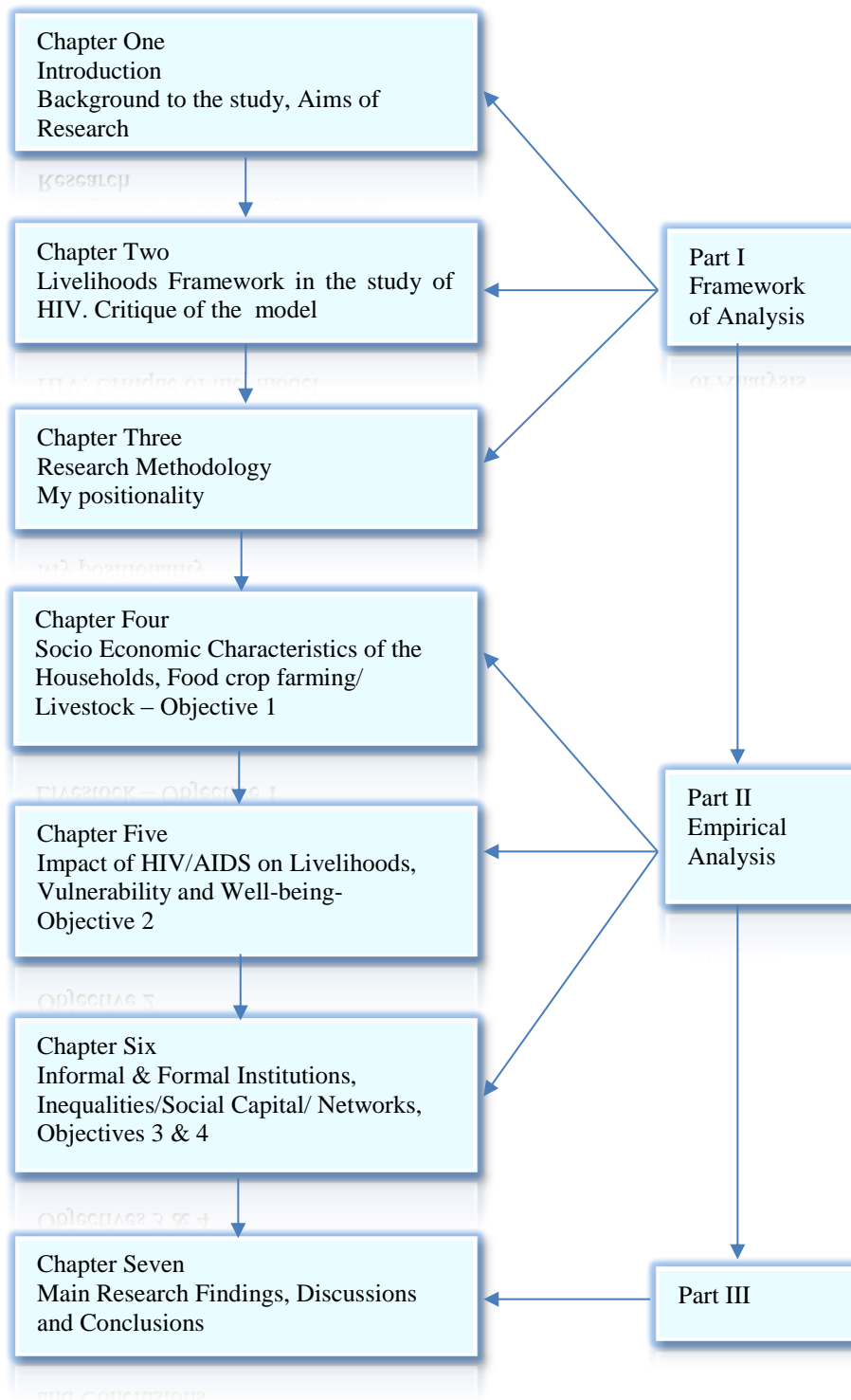
devoted to examining the socio-economic characteristics of the households in the sample population within the study sites and across the border. Some of these distinctive characteristics were household composition in terms of the age and gender, the household sizes, the age and gender of the household heads as well as the types of female headed households and effects on resource allocation. Identifying household distinctiveness is important, as household headship and composition has been found to be important in understanding livelihoods, vulnerability and the impacts of HIV/AIDS (Ellis, 2000). Chapter 4 addresses objective one (1) by exploring the nature and significance of cross-border networks (e.g. families, tribal groups, trading networks, waged labour and mobility) to rural livelihoods. Furthermore, discussions relating to the impact of micro-finance, gender and livelihoods will take place.

Chapter 5 builds upon Chapter 4 by explaining the impact of HIV/AIDS on these livelihoods, and the vulnerability and well-being of the population studied. Information on individuals and household composition through the case studies will offer explanations for mobility/migration, livelihoods and the HIV/AIDS nexus. Chapter 5 answers research objective 2 by evaluating the cross-border impacts of severe illness such as HIV/AIDS on these networks, families, tribal groups, trading networks and rural livelihoods. Mobility/migration, remittances and their contribution to livelihoods will be discussed under chapter 5. Chapter 6 addresses objective 3 (informal/customary laws) and 4 (formal institutions/government policy) by examining and comparing the role of informal institutions (e.g. customary laws, laws of inheritance) in mediating access to livelihoods or inducing inequalities. In addition, the importance of social networks that exist, particularly among HIV/AIDS affected households to livelihoods on either side of the border are discussed. The chapter begins by exploring the role of institutions, customs, norms, values and its hold on the people studied in affecting their access and entitlements to resources needed for carrying out their livelihood strategies. Marital relationships, responsibilities and gender bias that affect access and entitlements to asset bases were examined.

Through the examples of cases, different family structures observed had different degrees of vulnerabilities and resilience in coping with shocks and stresses such as the HIV/AIDS pandemic. Informal and formal institutions have been examined in terms of caring for the affected and infected individuals and households. Finally stigma and how it impacts HIV/AIDS is discussed. In addressing research objective 4, informal and formal institutions

or some of the crucial contemporary policies central government adopts have been explored and examined in light of the HIV/AIDS impacts on livelihoods in affected households of the same ethnic group on either side of the border. By synthesising all aspects of the research process, Chapter 7 examines the research findings, summaries, discussions, the main conclusions and highlights as well as the broader implications for both academic and methodological implications for policy. The chapter also dwells on the contributions of the thesis and important areas for future research. Figure 1.4 below gives a panorama of the outline of the thesis.

**Figure 1.3: Outline of the Thesis**



## **CHAPTER TWO: CONCEPTUAL FRAMEWORK**

### **2.1 Introduction**

This chapter sets out to provide a platform for a detailed discussion of sustainable rural livelihoods; their relationship to mobility and migration within and across national and international borders and the role of HIV within this. Emphasis on the connections between population mobility and livelihoods, the role migration can play in influencing poverty and vulnerability and how migration can exacerbate long term illness/HIV will be examined in detail. Through this discussion, the basic livelihoods conceptual framework will be transformed to assume a specific stature or shape that will be able to inform the HIV/Migration/Mobility and livelihood nexus at the Ghana-Togo border in view of the following research questions:

1. To what extent is the nature of cross-border networks such as families, tribal groups, trading networks, waged labour and mobility significant to rural livelihoods?
2. How do the cross-border impacts of severe illness such as HIV/AIDS affect these networks and livelihoods?
3. How does the role of informal institutions, such as customary laws and laws of inheritance help in mediating access to livelihoods particularly among HIV/AIDS affected households on either side of the border?
4. How do the contemporary policies impact the livelihoods in HIV/AIDS affected households of the same ethnic group on either side of the border?

Section one consists of definitions of sustainable rural livelihoods and the sustainable rural livelihoods framework. The daily living activities on which people depend for sustenance and which are central to the study will be discussed with the help of the livelihood conceptual framework (Scoones, 1998; DfiD, 1999). The core components of the livelihood conceptual framework, among which are capital assets, capabilities, entitlements and vulnerability context, will comprise the next section. In-depth explanation of the assets at the disposal of the border residents, especially social capital in the form of social networks which aids mobility across the Ghana-Togo border will be discussed. This will be followed by a section which consists of a critique of the model, and why the livelihood model is relevant for the

study of the impact of HIV/AIDS on both individuals and households. The analysis also explores possible enhancements for the model, not forgetting the central role played by rural people in undertaking their livelihood strategies. The discussion will end with the summary and conclusions.

## **2.2 Sustainable Rural Livelihoods Approach**

Sustainable livelihoods approaches have come into view in the last few decades due to changing understandings of poverty, and specifically a recognition that poverty is multi-dimensional and influenced by both structural and institutional constraints (Ashley and Carney, 1999). According to Adato and Meinzen-Dick (2002), the popularity of the concept of “livelihoods” in development thinking has been made possible through the conceptualisation of the entirety of the diverse; multiple social and economic activities the poor carry out simultaneously (2002:2). Through the utilisation of the livelihoods concept, a deeper understanding of the factors that affect the daily lives of people and their well-being is enhanced, especially the rural poor who domicile within the developing world (Carney, 1998; Davies, 1996; Rennie and Singh, 1996; Bernstein et al., 1992).

A broader, more widely used definition was provided by Chambers and Conway in 1992. Indeed, Chambers and Conway (1992:4) maintain a Sustainable Rural Livelihood is one “that comprises the capabilities, assets (including both material and social resources) and activities required for a living”. It is further said that “a livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base” (1992, op cit.). Apart from the very critical components that constitute the concept of livelihoods, the importance of maintaining the natural resource base has been highlighted.

Ellis and Allison, (2004), argue that the term livelihood includes both resources and what is done by people to be able to earn a sufficient living, not forgetting the risks that must be encountered in resource management and the prevailing institutional and policy situation that may aid or hinder the efforts of sustaining a better living. Thus, sustainable livelihood approaches take cognisance of the central role played by people in resource management, development and in the life of not only the household or community but also the region. The definition of livelihoods has been mainstreamed by a number of development agencies, with UNDP being the first and the Department for International Development (DFID) adopting it

as a central strategy for meeting the goals set out in the 1997 White Paper “Eliminating World Poverty”. DFID aims to ameliorate the lives of poor people and to enhance sustainability of their livelihoods through this strategy. Carney, (2003:15) argues that the Sustainable Livelihoods (SL) framework has been the ‘public face’ of DFID’s approach, and one of the many analytical tools employed when implementing an SL approach. Non-governmental organisations (NGOs) such as CARE and Oxfam (DfID 1997; Carney et al., 1999) judiciously use the livelihoods framework in their applied development programmes and projects.

The Millennium Development Goals, which were set up in 2000 by the G8 countries aim for the alleviation and eradication of extreme poverty, hunger and disease. It was proposed that between 1990 and 2015, the percentage of people with an income of less than \$1 dollar a day and those who suffer from hunger should be halved by the end of this period. Alongside this, good governance in low income countries became a mantra for soliciting development and other donor aid. The DFID’s White Paper in 2009 (Haddad, 2009) on Eliminating World Poverty, Building Our Common Future in 2009, targets a billion people who do not have enough food to eat, and over 200 million malnourished children in the world. As a result, proponents argue for putting food and agriculture both front and centre in the fight for eliminating poverty and hunger. The livelihoods approach, which puts emphasis on local level basic necessities, serves to attract as a policy direction of central government to secure the priorities of local people and eliminate poverty that rural people face as has been elaborated on in the above White Papers (1997, 2000 & 2009).

Scoones, (2009) argues that progress made in studies of development and environment within the 1980s and 1990s led to links between poverty mitigation and development being associated with shocks and stresses found within the environment. Thus, by evaluating rural poverty and critically assessing the eradication of poverty, the livelihoods approach is very important for this rural study. Carney (1999) argues that Sustainable Livelihoods (SL) thinking concentrates on the goals, extent and the main concern of development from the viewpoint of poor people. Poverty mitigation has therefore been a great preoccupation of the sustainable livelihoods approach. Hence, Carney, (1999:28) portends that “Sustainable Livelihoods aims to achieve poverty reduction through inclusive, people centred-development”.

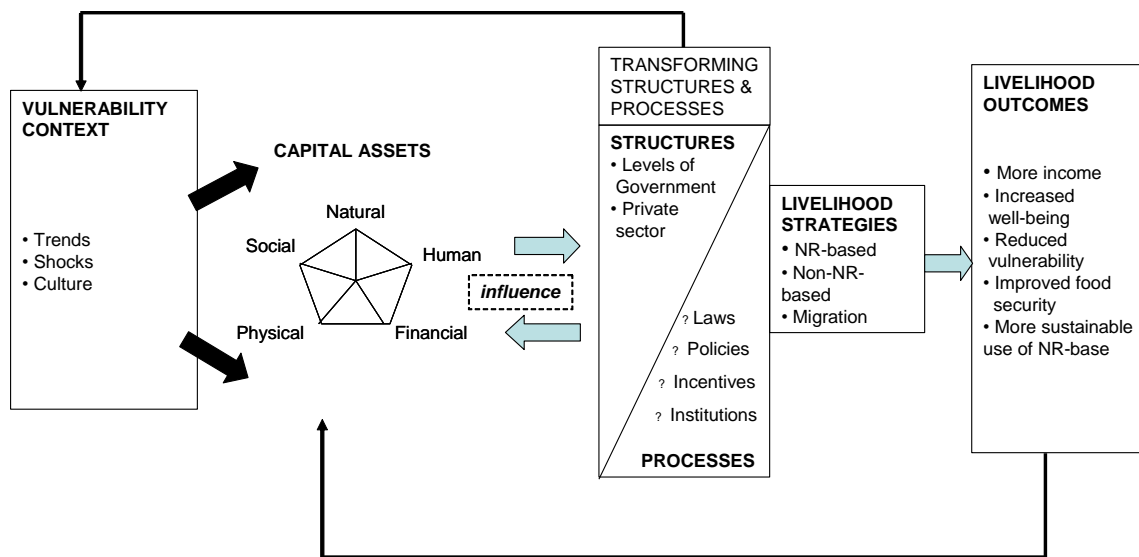
The Sustainable Livelihoods Approach (SLA) focuses on the priorities and the challenges faced by the rural poor, enabling deeper understanding and added knowledge which is requisite to equip researchers and policy makers alike to overcome rural poverty. As a conceptual framework for looking holistically at resources, strategies and outcomes, Chambers and Conway (1991) and Scoones (1998) give a standard definition of livelihoods as “what people do to make a living” (Dianey, 1998:4). The epitome of the livelihood activities carried out by the people of the study area which is a rural setting is subsistence farming based on food cropping. As the priorities and the people are placed at the centre of development where focus is on poverty reduction and interventions as well as on empowering the poor to build on their own destinies, expansion of their access to assets, creating conducive policy and institutional environment becomes crucial (Haidar, 2009). From the livelihoods approach emerges the rural livelihoods framework which forms the theme of the next session.

### **2.3 The Sustainable Rural Livelihoods Framework**

A livelihoods framework (Figure 2.1) has been developed to assist with the implementation of sustainable livelihood methodologies that can understand rural poverty. According to Haidar (2009), the livelihoods framework is a means by which our understanding of livelihoods, especially the livelihoods of the poor can be improved. It shows the principal factors that affect and influence people’s livelihoods, and the relationships between these. It is further suggested that it is amenable to both planning new development strategies and assessing the role sustainable livelihoods made by existing activities (Haidar, 2009, op cit). This research builds on the Sustainable Livelihoods Framework (Carney, 1998). The conceptual framework developed in this chapter integrates two perspectives: a bottom-up perspective on local human-asset or environment interaction (what people do and how resources or assets are used) and a top-down perspective on policy-making and analysis (interplay between institutions of decentralization at the national, sub-national levels and the institutions that govern social interactions at the local level). A description of the livelihoods framework with five major components: a) capital assets, b) transforming structures and processes, c) livelihood strategies, d) vulnerability context and e) livelihood outcomes is shown in Figure 2.1 below:



**Figure 2.1: The Sustainable Rural Livelihoods Framework**



Source: Carney (1998: 5)

Ellis (2002) concludes that the best Sustainable Livelihoods (SL) practice is rooted mainly in the asset-vulnerability structure out of which other perspectives on livelihoods issue are based. Thus, the use of assets is first and foremost to safeguard individuals or households trapped in stresses, shocks and to boost the ability of increasing access to resources in the future (Hussein, 2002). The Scoones report (1998) clearly emphasises three of the major elements of this framework namely Livelihood Resources, Livelihood Strategies and Institutional Processes and Organisational Abilities. Livelihood Resources are comprised of social, tangible and intangible assets which are used by the rural people in constructing the livelihoods (Scoones, 1998, op cit) they engage in. All the assets have been conceptualised as different types of “capital” which helps to emphasise their role firstly as a resource base and also as the different means by which the people construct their different livelihood approaches. It is therefore inferred that the capital asset base is a very critical component, even though the most important part of the livelihoods framework can be said to be the institutions that govern and control usage and access to assets.

### 2.3.1 Capital Assets

From the livelihoods framework (Fig 2.1), one can observe that there are five different types of capital assets (natural/biological, social, human, physical and financial) (Box 1 below). In fact, assets include common-property resources, the family and the community, political

participation/empowerment as well as existing jobs (Krantz, 2001).

**Box 2.1: Capital assets**

**Natural capital**

The natural resource stocks from which resource flows useful for livelihoods are derived (e.g. land, water, wildlife, biodiversity, environmental resources)

**Social capital**

The social resources (networks, membership of groups, relationship of trust, access to wider institutions of society) upon which people draw in pursuit of livelihoods

**Human capital**

The skills, knowledge, ability to labour and good health important to the ability to pursue different livelihood strategies

**Physical capital**

The basic infrastructure transport (transport, shelter, water, energy and communications) and the production equipment and means which enable people to pursue their livelihoods

**Financial capital**

The financial resources which are available to people (savings, supplies of credit, regular remittances or pensions) and provide them with different livelihood options

Adapted from Scoones, 1998 as cited in Carney, 1998:7.

Indeed, individuals or households draw upon these important capital assets to build their livelihoods (Carney, 1998). These “capital assets” therefore can be distinguished in various ways they are often used in combination with different “capitals” for which they rely on for making their living. Thus, these livelihood resources or combinations of activities described as “capitals” help in initiating different livelihood strategies (Krantz, 2001) which Scoones (1998) describes as “livelihood portfolios”. They are called “capital” in order to stress their role as a resource base. This capital base serves as the building block and provides productive streams which are used to construct livelihoods (Scoones, 1998). The approach looks at the assets that people have available or likely to access in order to make a living. Indeed Scoones, (1998:7) argues “livelihood resources comprise of basic material, social, tangible and intangible assets that people use for reconstructing their livelihoods”.

The different “livelihood pathways” or strategies usually pursued by individuals/households are due to differences in assets possessed, incomes, gender, age, social or political status, usually over seasons or even from year to year (Scoones, 1998). Livelihood sustainability can be observed as a function of how people use asset portfolios both in the short or the long term. Sustainable livelihoods are those which can cope with and recover from shocks and stresses such as HIV related illness (Carney, 1998) and through their adaptive and coping strategies. Furthermore, sound economic and effective ecological measures coupled with promotion of socially equitable livelihood opportunities for most if not all people, irrespective of gender or age, is a safe way to achieve sustainability.

From this, the model can recognise both the availability of assets within the household, the member’s access to assets and their ability to utilise them, thereby making capital assets appear to be a very crucial part of the framework. Assuming that all the various types of capital in the box were put on a pentagon, practitioners and researchers are able to see the various sides joined together in a holistic manner instead of viewing different bits or sectoral parts of livelihoods. Often, capital assets play different roles which are either competitive, very critical, supplementary or which outshine the other assets such that one cannot put all the said capital assets on the same level of importance.

It is often argued that a good understanding of the different ways to construct livelihoods and the analysis of the various livelihood resources and strategies cannot be complete unless the institutional processes and organisational structures linked with the respective elements are analysed (Scoones, 1998). What these institutions are and their influence over the people’s livelihoods, form the theme of the next section.

### **2.3.2 Institutions, Structures and Processes**

According to Scoones (1998) institutions can be referred to as practices which are regularised and ordered by the norms and rules of the society which have an extensive use. These institutions, both formal (National constitution, laws, statutes) and informal (customary laws, values, taboos) can impact in real terms, people who have access to and are capable of using assets to the benefit of individuals as well as the household and community as a whole. The social processes that go on within the local and national environment are influenced by both informal and formal institutions. The power inherent within the institutions which support or constrain others from carrying out certain livelihood activities has been described by Davies

(1997: 24) as the building blocks which make it possible for stakeholders to have capital and its related power dynamics which can be exercised in both a positive and negative way.

The laws, policies, incentives and institutions prevalent and practised, constitute the processes that affect the livelihood regime within an area. In addition, there are different levels, usually three or more, such as local, central and the private sector which serve as the structural boundaries within which the livelihood strategies or activities are carried out. This means that, not only should emphasis be placed on how government policies and plans are important and should be oriented towards an enabling environment or creation of viable livelihood strategies but also the local institutions and their unwritten laws must also be proactive and enhance equity in terms of access to resources/assets. Hence, (Carney, 1998) maintains the Sustainable Livelihoods Framework aids evaluating policies, institutions and how cultural norms determine the kind of livelihoods people undertake by enabling who gains access to assets and what range of livelihood strategies are open and attractive to people.

### **2.3.3 The relationship between the components of the Framework**

Apart from the original definition of livelihood as given by Chambers and Cornwall (1992), the objective of DFID's SL approach is to increase its capability in reducing poverty (Krantz, 2001) by highlighting key principles as well as holistic perspectives in soliciting support activities that can enhance poor people's livelihoods. Looking at the SL framework from the left hand-side of the diagram to the right (Fig. 2.1), there are five main components, namely, the vulnerability context, the capital assets, transforming structures and processes, livelihood strategies and livelihood outcomes which can work together to mitigate poverty among the rural poor.

The Sustainable Rural Livelihoods Framework built around capital assets (Carney, 1998) is crucial when it comes to the understanding and analysing of the vulnerability contexts in which these assets become susceptible to the shocks induced by death of bread winners, trends and also how cultural traits impact their livelihoods. Sources of shocks can be either human or environmental, while others can be exogenous or endogenous in nature. Risks occur as a result of the outcome of fast changing circumstances and different levels of insecurity associated with each type of livelihood. HIV infection or long-term illness constitutes a lot of stress to the households affected. Some risks or changes in climate can be

seasonal or cyclical (and are associated with stress) and can be predicted without much difficulty, while others cannot be foreseen before they occur, especially those which are natural in cause. Migration or mobility within the SL framework forms a very important component as it forms a crucial strategy and at the same time serves as a means to supporting other kinds of livelihoods within the border region. To be able to investigate the rampant movement<sup>13</sup> of the border residents to and fro and be able to analyse the underlying factors that promote this phenomenon (mobility) and the likelihood of such people getting infected with long term illness/HIV, it is important to discuss mobility and migration in detail. The subsequent section (2.4) therefore attempts to discuss migration and mobility in view of the importance of these two phenomena and the impact of long term illness/HIV in the ensuing study.

## **2.4 Migration and Mobility**

High levels of mobility have characterised African border areas at the advent of colonialism due to high demands for labour induced by colonial ‘infrastructural’ development and resettlement schemes coupled with the introduction of forced taxation and current refugee flows (Rodrigues, 2012). It is further argued by Rodrigues, (2012) that a lot of movement and exchange within border regions is usually associated with commerce, where labour and trade play a crucial role and define border crossings. The search for employment possibilities and commerce has stimulated Africans to cross borders during the past and present and by so doing realigns these new and old socio-economic structures (Rodrigues, 2012). Population movements within the countries (Ghana-Togo) being studied, have been common place during colonial times as well as during the post colonial period or just after independence.

While all kinds of migration can be termed as a kind of mobility, it must be said that not all mobility can be described or termed as migration. It is therefore important to explain the

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<sup>13</sup> Adepoju (2005) when citing contemporary patterns of migration in West Africa, mentions migrating people from and within the sub-region as cross-border workers, female traders and farm labourers, professionals, clandestine workers and refugees who are essentially intra-regional, short term and male dominated. My study found out that not all these people who crossed the borders were migrating. Indeed, most female traders crossed the borders and came back home same day or week. The farm labourers who also crossed the borders returned home after their mobile activities across the border and unlike persons from the Sahelian region such as Mali or Niger who seasonally migrated. The women were in the majority of those who crossed the borders with their food wares, basic necessities, imported food provisions and actually do not change their residence they live in.

distinguishing features and differences that exist between migration and mobility as these two terminologies have often been used interchangeably and as a result, the differences that exist between them get blurred and confusing. For the purpose of this discussion, however, I define migration as the permanent or semi-permanent movement of people from one geographical region/district, spatial location to another point within the same country or a movement from one country into another with the mind of staying there for as long as necessary, usually from say about five years and above. See (Bump, 2006; Adepoju, 2005; Madakufamba, 2005; Konseiga, 2005a; Konseiga, 2005b; Lurie, 2004; Litchfield and Waddington, 2003; Anarfi, 2003; Hampshire and Randall, 1999 and Mabogunje, 1970).

The movement of people from one area to another to either look for work, trade or settle within the same country for a long period of time is referred to as internal migration, and that movement which crosses international frontiers such as between Ghana and Togo, or Ghana and Nigeria, or Ghana and the United Kingdom is referred to as international migration. The movement made frequently across international borders is equivalent to an important livelihood strategy (Rodrigues, 2012). People involved in the migration streams are however, connected to their roots through the remittances they send home for development and for the upkeep or well-being of the family/households they belong to. International migrants have been defined as those who reside in countries other than those of their own birth places for more than one year (UN Population, Division paper, 2002). It is said the number of such persons in the developed world has doubled from 75 million in 1965 to an estimated 150 million in 2000 (IOM, 2000). Nearly 80 to 97 million of these were migrant workers and members of their families (ILO, 2001), and between 12.1 million (UNHCR, 2001) and 14.5 million (USCR, 2001) were refugees.

Mobility is the process of movement either on daily, weekly, monthly or yearly basis with the mind of solving certain urgent social and economic phenomena, but not with the intention of staying at the receiving ends or destinations permanently. With mobility, the individuals/people making the movement from one point to another have a *gestation period* or the length of time they are going to stay away from their residences on their minds at the beginning of the journey. Mobility of people with this mindset cross the border on either daily or weekly basis with the mind that such short distance travels coincide with market days in Lome, such that they can maximise their travels by way of commerce or meeting of

relatives across the border. Other business groups, who criss-cross the ECOWAS region, both near and as far as Nigeria and Mali also assume the same dynamics of not staying permanently at the destination but returning home after business is done.

This category of people who cross borders on daily, weekly or seasonally forms the larger part of huge movements of population to and fro and across the border that tend to return to their residences after the short period of time they are away. In fact, this mobile population does not satisfy the definition given to migrant populations. Unlike the people who migrate to long distance places and stay away for long periods of time, the very mobile population across the border are often in touch with their roots, residences and households, in fact, some traders leave their children home while they cross border for their transactions. This cross border mobility as pointed out earlier on, is engendered by existing networks across the border. According to Silvey and Elmhirst (2003), networks both socio-spatial, have assisted people to gain employment and aided rural households to have cash and also helped the city-based migrants and mobile populations to have agricultural produce.

These mobile populations who cross the border and back to their residences, initiate development programmes, pay school fees and cater for their aged and the sick directly as they virtually live within their society, unlike the migrants who often live far from home and for long periods of time. The monies earned by the mobile population through the short journeys away from home can be very carefully scrutinised and used more for directly intended purposes compared to the remittances sent by migrants who stay away several years with the mind that all things will be done as expected on their behalf during their absence. While not all migrants remit funds home to their relatives, the mobile populations who travel but at the same time live within the households face the dire “swings” in the economic fortunes of their countries on daily, weekly and on seasonal basis. Their contributions to households are very critical and preponderant.

Both migration and mobility within and outside Africa can be termed as very crucial factors that can promote development within the social, political and economic aspects of life in the borderlands (Rodrigues, (2012). The border residents who cross the Ghana-Togo border mostly practise circular mobility looking to find alternative livelihoods to supplement what they do at home. There is no denying the fact that these mobile populations are not absolved from the HIV infection and long term illness that often affect the migrant populations. Thus,

cross-border mobility within the Ghana-Togo border, as will be explained later, has both positive and negative implications for livelihood.

#### **2.4.1 Social Capital as a Support for Migration/Mobility**

Having access to different forms of capital depends largely on the existing social relations (social capital) that must be considered as an important component of a livelihood (Bebbington 1999). A lot of study on social networks and social capital abounds in the fields of economics, sociology and development studies, but the overarching theme can be said to be the utility and practical value/convenience of the ties that constitute social capital (Dasgupta and Serageldin 2001; Etzioni 2001; Portes 2000; Portes and Landolt 2000; Putnam 2001). The social capital concept steadily evolved in application to individual units and small groups in the works of Bourdieu and Coleman who centre their analysis on the ability of individuals and small groups on the derived benefits of their ties with others (Portes and Landolt 2000).

Indeed, Bebbington (1999:2023) asserts social capital and access to assets are useful tools for analysing the relationships and transactions between rural household and other relationships mediated by state, market conditions and civil society. It can be inferred from this, that across the border, relationships thrive not only on the basis of pure economics but also on engaging existing institutions and how they impact relationships of the rural residents across the common border in their day to day activities. There is further conviction by Bebbington (1999) that relationships become requisite methods/means through which resources are allocated and claimed by actors and by so doing, the larger picture of social, political and marketing logics which determines and enhances utilisation and further transformation of resources that could be reproduced or altered.

Bebbington's (1999) assertion of social capital compliments what Barth (1998) said of ethnic boundaries, by which same people interact and support each other and as a result aid crossing borders, largely due to a self-perpetuating mechanism with shared essential cultural values, achieved through unity of purpose in many cultural practices through ethnicity links. Akordor (1997: 28) describes a concept of communal help utilised in the Volta region of Ghana called *Fidodo*<sup>14</sup>. This concept is grounded in the philosophy that every person is his brother's keeper.

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<sup>14</sup> Is a type of co-operative farming where people form associations of say 5-20 members. All the members are given equal assistance/support in the form of weeding, planting and harvesting in turns. Mostly, the members of

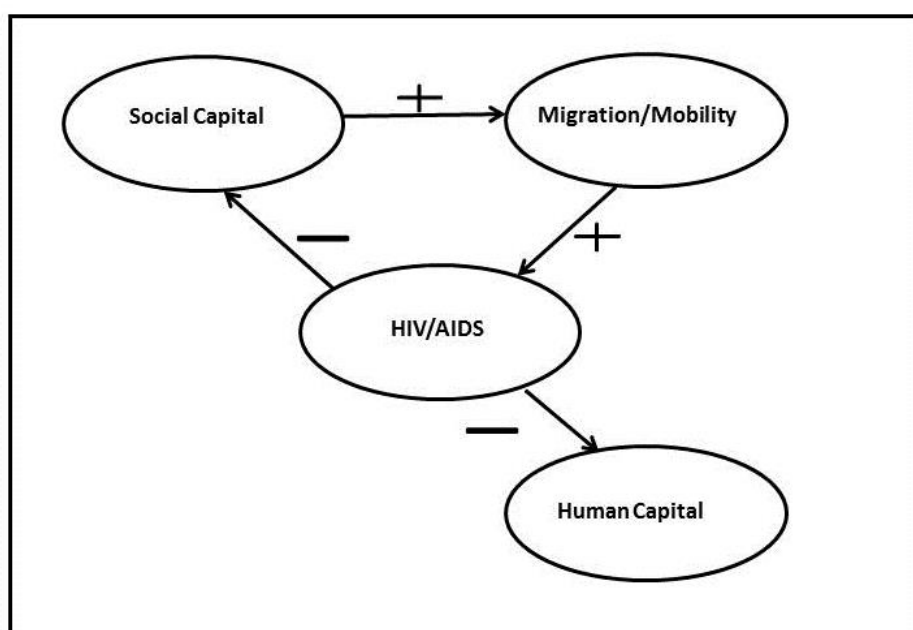


In preparing the land for planting, all able bodied persons contribute free labour for the preparation and clearing of the land for planting which benefits everyone in the community. Dordunoo (2005) while analysing monetary advantages that communities involved in self-help argues the self-help approach adopted within the rural setting of projects when levied with some mandatory collection raises revenue for further development upon completion. Pulling resources together has engendered much goodwill between the rich and the poor.

## 2.4.2 Migration/Mobility and HIV/AIDS

Mobile populations, whether engaged in daily movements or migrating for certain lengths of time, all aim to find work or money to enable themselves to first and foremost subsist wherever they are and also to support their families and relatives at home and wherever they are. Mobile populations, however, are subjected to ailments of which long term illness/ HIV is a critical negative factor that impacts the functioning of mobile person.

Figure 2.2: Migration/Mobility and HIV/AIDS



Data Source: Field Survey, 2007.

As has been observed, HIV prevalence is higher among mobile populations. Between Social Capital and HIV/AIDS, and Human Capital and HIV/AIDS (Fig. 2.2) there is a negative

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these groups are people who have not got monies to take and pay for labourers on their farms. It is therefore labour intensive association. It is organised on networks based on family, household and friendship relations.

relationship. Social capital with which the mobile population gains many advantages in the form of relevant information needed on goods in high demand and attractive prices of goods and services will narrow down and be lost when someone in the network falls ill. Relevant information that aids the cutting down of transaction costs in the vigorous mobility across the borders dwindles when members of one's network suffers from long term illness/HIV. For a period of time, HIV is invisible, for a time the infected can still perform their respective duties to their families and the communities they belong. Appleton (2000) maintains HIV/AIDS is not only a health issue but also a livelihoods issue, meaning households affected and afflicted by the disease need certain particular support regime which can mitigate the collapse of both human capital and livelihoods of survivors. Migrants suffering from HIV, take some time before it develops into AIDS, as it is not a short sharp shock (Barnett, 1999) where people sometimes do not know their status, carry out their livelihoods activities, provide means of living for themselves and households until they cannot do anything of their own.

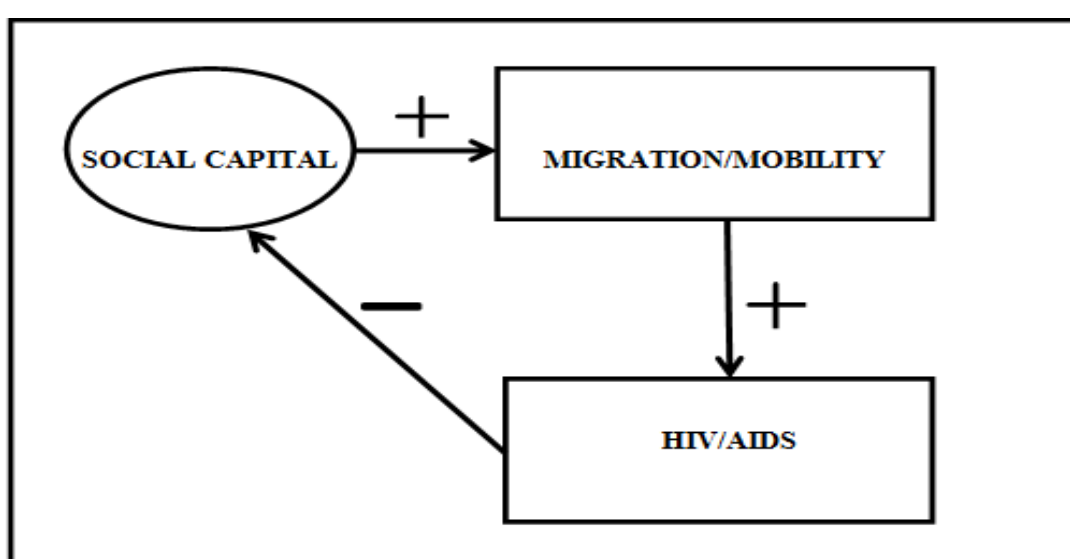
From the Figure 2.2, it can be observed that there is a negative relationship between HIV and social capital and the former (HIV) also negatively impacts on human capital. It indicates that HIV destroys the social capital or networks available as well as human capital in form of skills and knowledge needed to resuscitate the individuals/households. In fact, migrant workers (and sexual partners) in Southern and West Africa, show higher infection rates of HIV than the general population (Anarfi, 1993). From the initial positive impacts from their livelihood activities, one can say there is a positive impact between mobility/migration and HIV as depicted in the Figure. 2.2.

### **2.4.3 Relationship between Social Capital and Migration**

Social capital helps to explain the symbiotic relationship between the migrants as well as the mobile population across the border and the people within the places of origin and destinations. The connection between the actors within the market (Sen, 1981; Evans, 1996) is in this case, the border region where people with similar ethnic background cement existing networks. This social capital more than anything else, affects the migration/mobility system as well as the varied kinds of mobility across the Ghana-Togo border. Thus, from Figure 2.3 below, it can be ascertained that there is a positive relationship between social capital and the Migration/mobility process. Social capital promotes and supports migration/mobility across the border. Social capital encourages people to minimise the

transaction cost involved in crossing the border to either trade or travel further on. There will be a thorough explanation later on in this chapter. It suffices, however, to say that migration and mobility across the border depend to a large extent on the networks, social capital and other relations across the border. Ratha and Shaw (2007) maintain migrant networks in Africa are crucial in expanding on outflows when migration is on-going. International law and border residents have certain rights to visit neighbours across the border without much inhibition during times of death or festivals.

**Figure 2.3: Social Capital/Migration/HIV/AIDS**



Data Source: Field survey, 2007

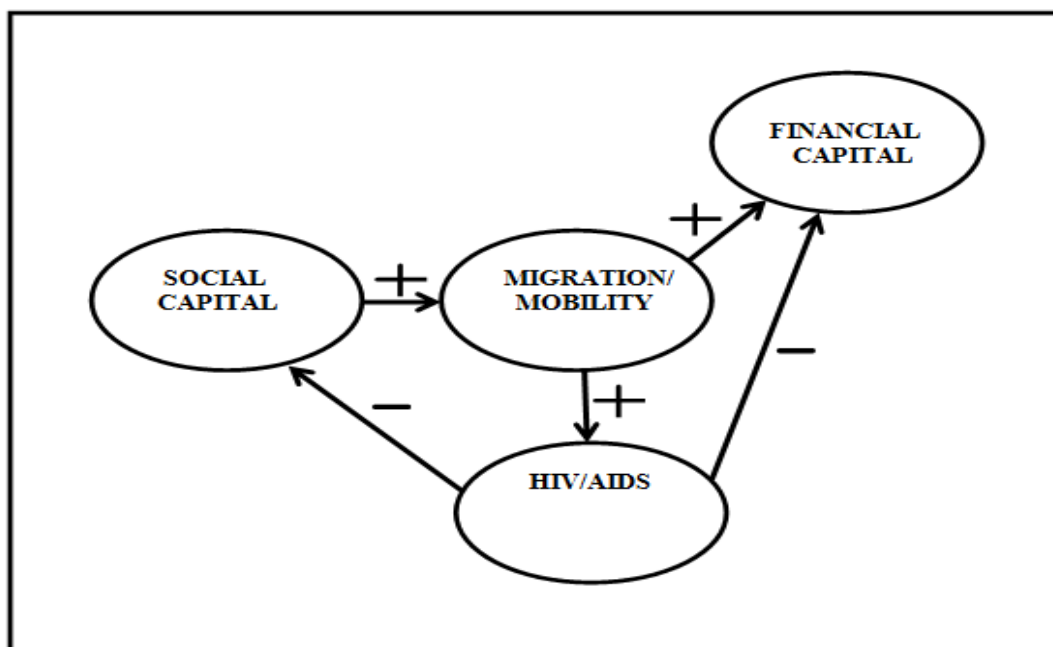
From Fig 2.3, it is observed that Migration or Mobility and HIV have a positive relationship as migration generally brings in income. According to White and Robinson (2000), HIV/AIDS has become a serious health problem which lies not only within the fields of biomedicine and preventive and curative health but has been understood as a development issue.

#### **2.4.4 The relationship between HIV/AIDS and Social Capital**

From Figure 2.4, it can be observed HIV/AIDS brings about negative burden on both social and financial capital together. This is a serious negative impact on an individual or household level, as it brings death or dislocation in the networks which support each other and at the same time dissipates any financial capital that might be available to reimburse the costs of death, upkeep of family and other economic encumbrances. Barr (2000) models how

networks expedite knowledge flows besides aiding firm productivity, bring about sustained growth. Thus, her empirical analysis for the manufacturing sector in Ghana suggests entrepreneurs with extensive and more varied networks have firms that are more fecund and prosperous because they enjoy benefits from both direct contacts and networking of their contacts. Thus far, HIV/AIDS will negatively affect productivity that can emanate from Barr's model when people begin to fall sick and eventually die as a result. HIV/AIDS restricts not only financial capital, human and physical capital but it can compromise social capital networks (Jayne et al., 2006; Thomas, 2006), which is said to be fundamental to food security (Martin and Rogers et al., 2004).

**Figure 2.4: Relationship between HIV/AIDS and Social Capital**



Data Source: Field Survey, 2007.

From Figure 2.4, the relationship between HIV and Social Capital, HIV/AIDS and Financial Capital are altogether negative. Upon development of HIV into AIDS, the main adult' social and economic actors on whom many members of households depend, become negatively impacted. Their livelihoods become dwindled and have to be taken care of by other household members including their personal care. The loss of 15-40 year olds within the household and community bring about untold hardships in macro-economic and social development (Seeley and Pringle 2001). A significant loss of skilled or semi-skilled members such as teachers, doctors and farmers, traders across the border will put a lot of stress on younger household members and especially the networks and social capital that bind them

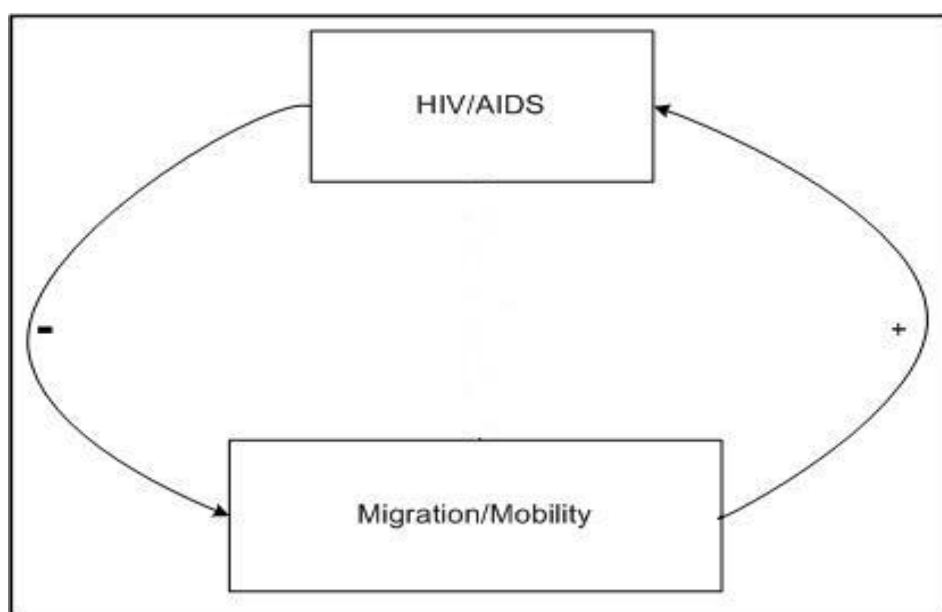
together. Thus, high levels of HIV infection and death among agricultural workers can lead to children being taken out of school in order to contribute their quota to the household economy and can negatively affect most traditional agrarian practices. With most people dying, the social networks and especially the social capital, “the factor that binds the people”, on the two sides of border will become weak and in some instances may vanish (Reynolds, 2004; Gilchrist et al., 2010). In similar manner, financial capital that could be highly needed if people are falling ill and others dying and the care, feeding and the expensive funerals would aggravate the already precarious economic situation within the household. This negative feed-back means that the association between HIV/AIDS, social and financial capital is a negative relationship. The following section consists of migration and HIV/AIDS impact.

#### **2.4.5 Migration And HIV/AIDS Impact**

Migration or Mobility of populations across borders or within a territorial space, generally has certain positive intentions or drive that often bring positive results. For instance, remittances sent by migrants or people who have moved from their places of birth have aided development in one way or the other. Movement across the border is a viable socio-economic venture, popular among border residents. Thus, migration has been a very profitable form of livelihood strategy (Konseiga, 2002). Usually these migrants are subsistence farmers, traders, craftsmen as well as those who have very small or no lands to farm on. Many border residents therefore find themselves different and alternative sources of livelihoods on which the people depend for their sustenance. Figure 2.5 shows that migration or mobility is positively related to HIV/AIDS incidence, as mobile populations are at greater risk from infection. As the HIV infections do not kill the people instantly during these mobile or migration streams across the border, more people tend to move and cash in on the opportunities there are. With time, as the infection progresses, HIV becomes negatively associated with migration and mobility as people are too ill to travel and work.

It should be emphasised that the largest population from the border regions crossing the “international frontier” are people who reside in Ave-Havi, Akpokope-Wodome (Ghana) and Batume and Alawogbee (Togo) settlements and cross either daily, weekly or at regular intervals to do trading or look for temporary jobs that can help ‘beef up’ what they live on for their main livelihoods.

**Figure 2.5: Migration and HIV/AIDS impact**



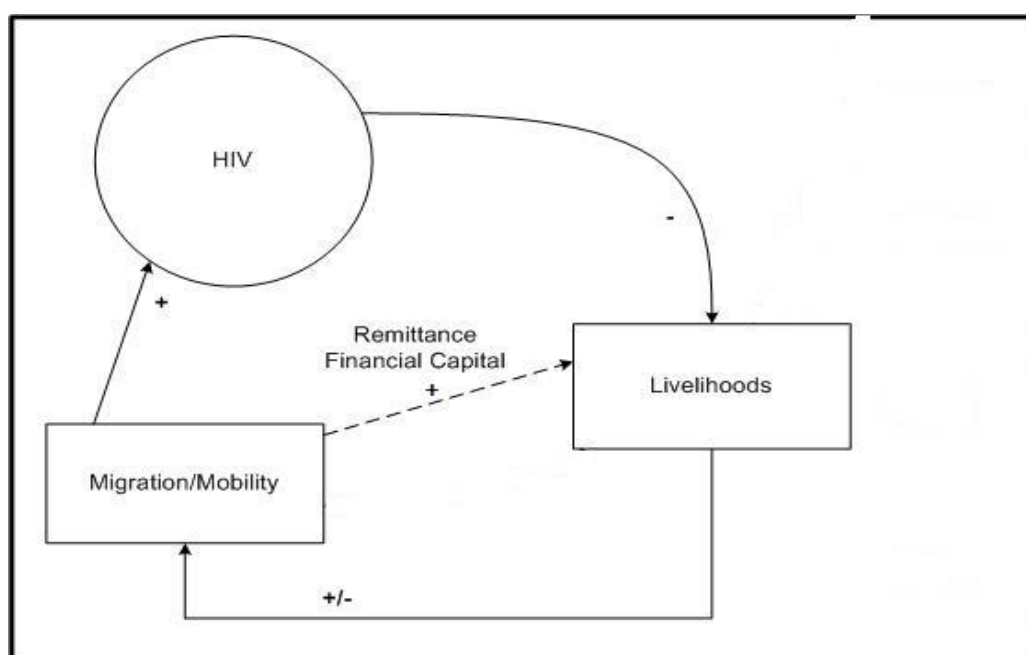
Data Source: Field Survey, 2007.

A survey conducted in the agro-pastoral North-eastern part of Burkina Faso in 2002, shows 75 percent of the sample of migrant households adapt seasonal migration (defined in this study as mobility) while it increased to 78 percent when restricted to the destination of Côte d'Ivoire (Konseiga, 2002). In spite of the inherent benefits derived from migration and mobility streams, the participants are of different financial standing. A higher rate of HIV infection is often seen in communities where people who are marginalised socially, economically and politically are mobile or on the move (Zuma, et al., 2003). In conclusion, the HIV/AIDS introduces a negative impact in most, if not all livelihoods strategies that the people engage in.

#### **2.4.6 Migration, HIV and Livelihoods Nexus**

Between migration/mobility and HIV (Figure 2.6) there is a positive relationship. This is because through migration/mobility, migrants make money and assess resources and possibly undertake more diversified livelihoods with which they could fend for families or tackle the negative impacts of long term illness or HIV pandemic when it occurs.

**Figure 2.6: Migration, HIV and Livelihoods Nexus**



Data Source: Field Survey, 2007

A Public Health literature, however, has often argued that mobility does not only confer benefits on the travellers or their dependents, but it is also a key driver of the HIV / AIDS epidemic (Barongo et al. 1992; Quinn 1994). Indeed, Bennett and Williams (2013) also argue that varied configurations of migrant labour and major transport corridors<sup>15</sup> exacerbate long term illness. The two further contend that without migration the HIV sero-prevalence rates may still increase locally until all the infected people die. This suggests that even if the proportion of migrants is low or minimal, the pandemic can still spread over large geographical space (Bennett and Williams (2013).

There is a negative impact between HIV and Livelihoods (Figure 2.6) due to the resources that are often diverted and depleted for care and cure upon household members becoming infected with HIV, and depending on the length of time of the ailment, resources dwindle for carrying out livelihood strategies. As HIV infects the breadwinners, they become ill, and as a result have to stop carrying out livelihood activities and as a consequence household income decreases (Selesho, 2012). A KwaZulu-Natal, study, (Boe and Crush, 2005) found migrant men to be 2.4 times more likely to be HIV infected than non-migrant men, while migrant

<sup>15</sup> The main transport corridors such as the Lagos-Abidjan route and transport corridor from Zimbabwe through Zambia to the coastal ports of Beira & Maputo as well as the transport corridors into South Africa have been termed very high HIV prevalent points.

women were 25.9 per cent compared to 12.7 per cent of non-migrant women. In addition, the study also found among women, high rates of HIV with 17.5 per cent HIV-infected. Women whose spouses were migrants were as likely to be HIV infected. There is either positive or negative impact between Livelihoods and Migration or Mobility process, depending upon the kind of livelihood strategies and the nature of movements involved, as livelihoods which need close supervision such as maize and tomatoes cultivation cannot tolerate long absence of care. There is however, a positive feed-back loop between Migration/Mobility and Livelihoods in form of the remittance or financial capital that is made available to be ploughed back in livelihood activities or lending support to the family.

The same language, culture and sense of belonging that exists between Ghana and Togo border residents create “sameness” which in current times defies the rigidities that were associated with the establishment of the colonial borders. The ECOWAS protocol, in principle, has also weakened the rigid post-independent border controls and in all “fairness” the Ewes seem to have regained a great deal through reunion with families through incessant mobility across contemporary “weak” borders. Indeed, the border residents use the same Ewe language to be able to win confidence and often sympathies from border officials who can be rigid in preventing mobile traders from visiting their family members across the border. As the migrant networks evolve and get accumulated, they generate higher than expected levels of migration out of the communities of origin, in which case the process can be defined as “cumulative causation” as propounded by Myrdal (1957). This is to emphasise the point that besides the economic factors pushing people across the border, there are also other vital factors (non-economic), which MacDonald & MacDonald (1964)<sup>16</sup> stressed as networks, and which Massey (1998) refers to as expansion of networks, which he argues, promotes a circular movement which in turn, induces further migration. It is said that accumulation of migrant social capital induces a practice of “cumulative causation” which makes migration streams self-sustaining (Massey, 1990).

Thus, each new migrant is linked to the expanding network of ties that join likely migrants to earlier migrants and as a result, migrant social capital accumulates. The concept of migrant

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<sup>16</sup> The article written by these two people brought about the term known as “chain migration” which refers to the process of cumulative causation implying that, at any receiving point(s) or destination, any extra migrant from the same place of origin reinforces the social network for prospective migrants from that place of origin to migrate.



social capital expands when requisite information flows needed by potential travellers also increases. It also increases reciprocal ties between places of origin and destination of migrant or mobile populations. Thus far, more individuals and household members can draw upon the resources made available through migrant social capital, which in effect increases their chances of migrating or being mobile across the border. Indeed, Ratha and Shaw (2007:1) argue that ethnic, community as well as family ties reduce the costs and uncertainties involved in migration. On the other hand, the Mexican-U.S. migration stream has been often cited as beneficiaries of social capital that is gained through household or community ties that motivates the individuals' proclivity or penchant to migrate (Davis, Stecklov, and Winters, 2002).

Konseiga, (2002:31) maintains there have been noticeable changes in recent times of an increase in female migrations. The women dominate the trade across the border and are found in large numbers, often with the young and newly married. This female movement is actually part of the mobile population that crosses the border often and cannot be regarded or described as migrants. The trade across the border by women has subsidised household earnings and resources to a large extent, and has also empowered women by giving financial autonomy and control over their own assets (Morris and Saul, 2000). Women traders also have been effective in creating food distribution systems, which have created food security, usually without any short-term credit, storage facilities nor travel assistance. A study on women cross-border traders in Ghana found that two-thirds reported that kinship aided their trading activities (Morris and Dadson, 2000). Despite the novelty of how SL and the social networks promote cohesion and trading across the borders, there are down sides to a few of the strategies. The following section explains some of the vulnerability contexts in which a number of negative impacts mitigate the good intentions of the SL framework.

## **2.5 Vulnerability Context**

Of all the components of the SL Framework, the Vulnerability context is a very critical aspect which can negate and undermine efforts made by human capital or human ingenuity in achieving desirable goals of self sufficiency in livelihood strategies. There are various aspects of vulnerability. In fact, (DFID, 1999) categorises the vulnerability context into shocks, trends and seasonality. It has been reported that people with more options or varied access to assets or more diversified strategies (Ellis, 1998, 2000) will be less vulnerable than the poor. Thus, having many options of undertaking livelihood strategies can reduce vulnerability.

Therefore, the lack of choice and inability to make a living, increases one's vulnerability to risk and other social, economic and environmental variabilities and stresses (Twyman, 2000).

Weather-related shocks and natural unforeseen calamities in the form of earthquakes, flood, tsunami, droughts, extreme heat waves and climate change may render livelihoods vulnerable. Pest and disease epidemics such as insect attacks, diseases affecting animals, crops and human beings (Oerke, 2006) are another. Rural farmers are exposed to a lot of stress that is associated with climate change. Climate change has been cited as one of the global phenomena which needs international strategy for disaster reduction and management as well as a global review for living with risks by way of mitigating the negative impacts of these disasters. See (Fussel, et al., 2006; O'Brien, 2004; United Nations, 2004) for vulnerabilities caused by climatic changes and disaster reduction and management systems. Thus, in evaluating successful livelihood adaptation to climate variability and change in Southern Africa, Osbahr et al., (2010) argue that when people are confronted with vagaries of weather and other perils, they tend to choose between production, consumption and ecological systems in which they find themselves.

Often, the weather conditions do not favour the food crop production undertaken. According to Rakodi (2002) it is challenging for households to support themselves on a single business activity whether it is farming or not, hence increasing the individual's risk since there is limited capital or profit to develop another venture. Ellis (1998) contends that subsistence farming without irrigation, even in the absence of HIV infection, has exposed most African households to shocks such as droughts, floods and stress-induced seasonality. Seasonal stresses such as the lean and hungry season compounds the fragile food security situation and puts the poor and those on the margins of survival into more chaos of finding food. Furthermore, environmental stresses due to soil erosion, land degradation (Singh, 2008), and bush fires are other critical factors that can impact both the ability to have good yields of crops grown and also the risk of them being destroyed by fire.

A great difficulty is encountered when long term illness/HIV infects someone within a household. The long gestation period of people with HIV/AIDS puts close relatives into a lot of stress. In pursuit of seeking medical or herbal cure and care, the family often depletes resources and borrows wherever they can. The emotional problems the HIV/AIDS subjects families to are very complex. The shock is felt when in the event of all the utmost care that is

taken to salvage life of the afflicted still ends up in death. The burden of care and responsibility posed by the HIV/AIDS pandemic is enormous. The extended family and other traditional social safety nets are also confronted with mammoth pressures, even breaking up at a time when state support systems seem to be dwindling within the two countries. In her discussion of the impacts of HIV/AIDS, Seeley (2002) emphasised how the HIV/AIDS pandemic creates financial problems and challenges of accessing credit and high interest rates, provision of care and coping with the death of loved ones, all create social problems to be solved. In addition to all the various aspects or elements of vulnerability context, is the long term illness/HIV/AIDS impact. According to Gillespie (2003:2) “HIV risk in a community is somewhat related to the susceptibility of the livelihood system upon which they depend and the HIV’s severity once it enters a community the way it impacts on assets and institutions depends on the vulnerability of the system”.

Masanjala (2007) asserts that HIV/AIDS creates a much more overwhelming vulnerability context than all other shocks such as droughts, erratic weather and other series of stresses put together. It is in this light that I situate the HIV/AIDS pandemic as a line of serious weakness, in that it occupies a very important part of the vulnerability context, a vicious circle that negatively impacts on the livelihood strategies of the Ghana-Togo border residents. Thus far, due to oscillating income flows caused by seasonality of the livelihoods of rural people, most household needs are not adequately met. The AIDS pandemic therefore compounds the problems faced by households within the rural environment by increasing the incidence of their vulnerability. Hence, households with members suffering from long term illness/HIV/AIDS often suffered what can be termed “multiple vulnerabilities” (Vig, et al., 2005).

Economic shocks emanating from severe changes in both the national and local economy can bring about inflation for example, and by so doing harshly affects prices, markets, employment possibilities and purchasing power of the people especially rural dwellers. This is often the type of macro-economic vulnerabilities (Basdevant et al., 2012) that governments face. Idiosyncratic shocks such as long term illness or death in family, job retrenchment, job loss and theft of personal property coupled with structural vulnerability which consists of lack of voice or power to make claims or decisions. This is because among the women and the landless are potential sources of creating both poverty, marginalisation of the vulnerable and factors that prevent others from taking decisions that affect their own well-being.

Finally, the vulnerability context is often outside rural people's control. Most often, the institutions, seen as the unwritten laws guide and subscribe possibilities to be found in terms of inheritance of property/assets. They are at the same time instrumental in determining the type of livelihoods one can carry out due to the available assets at the disposal of the individuals/households. Thus, both formal and informal institutions such as customary laws and laws of inheritance help or constrain the mediation access to livelihoods; consequences of which could be dire particularly among HIV/AIDS affected individuals or households within which HIV assumes a lot of stress until the afflicted dies, a shock often many households barely come out of. The next section discusses diversification which serves as a measure that works against vulnerability and other risks associated with carrying out single livelihood strategies.

## **2.6 Diversification**

According to Ellis (2000) rural livelihood diversification is a situation where households in the rural areas adopt different portfolio of activities and resources to be able to live and have their standard of living developed. It is often observed that many rural households diversify their livelihood activities as well as strategies with the aim of avoiding risks and vulnerabilities which the individuals and households can easily be exposed to when one livelihood activity fails. Diversification is therefore seen as a security measure to support and sustain livelihoods against vulnerability. Indeed, Barret et al. (2001) maintain diversification is a form of insurance and a survival strategy, while other authorities maintain it is not just for reasons of survival but as an age-old process of spreading of risks that has been linked with poverty and survival (Niehof, 2004). It cannot be denied that diversification plays a strategic role in undertaking sustainable rural livelihood systems (Niehof, 2004). In reassessing the evidence that exists between income inequality and the diversification of income sources, Ellis (2000) affirms that diversification can induce equalising impact on rural incomes and wealth besides the opposite impact because of different tools involved. In cases when farmers are so poor that they do not have assets besides their own labour and only have to resort to non-farm activities and other sources of income, can amount to a negative relationship between the proportion of non-farm income and total income realised.

Diversification can be for both “good reasons” and “bad reasons” as diversification within rural but growing economies is the true reflection of the dynamic forces and the possible

gains to be made at the household level while within the deteriorating rural economies, diversification shows poor people's coping with different risks associated with each different source of income (Niehof, 2004). The poor as well as the relatively wealthy households diversify crop production but for different reasons and to different degrees even though the aim is to cultivate a sufficient variety of plants to optimise different characteristics involving yield, taste, gestation period for maturity, fibre and disease resistance among other factors. Male out-migration from rural areas in Zimbabwe continues to be a main coping strategy for rural households in recent years (Niehof, 2004 op cit). From the study carried out, movements of labour across the Ghana-Togo border is not so much about labour migration where persons change their residences in search of "greener pastures" but the deliberate diversification of individuals' or households' livelihoods that take the form and shape of circular mobility of labour across the border. Thus, the daily or weekly border crossings by mobile populations from the border region serve as mechanisms for participatory development and changes on-going within the study settlements and mitigate against the degree of vulnerabilities they will face if the people were to be dependent only on just on-farm livelihood strategies. Social resources are critical for diversified utilisation of other resources thus serving liaison function (Berry, 1993). Despite the fact that social networks have been fundamental in the cross border movements, traditional institutions however, have not been able to solve all the pertinent issues the impoverished households face. The following section discusses food security which is also due to the negative impact of HIV/AIDS upon inflicting long term illness on active individuals and household members resulting in their final death.

## **2.7 Food Security**

HIV/AIDS takes its toll on food security in a number of ways. An example is how it decreases work productivity, which is tantamount to less food being brought to the family table. According to Barnett and Whiteside (2006:255), "HIV/AIDS affects food security and impacts household's ability to have diverse ways of managing its resources and be able to carry out a diverse portfolio of activities which results in the loss of assets and a severe decline in the insurance value of social networks needed to produce and buy food". They further assert that the sicker a family member becomes, the more money they have to borrow from relatives and friends, and the more they may seek their assistance. In the end, they say 'We cannot take it any more' (Barnett & Whiteside, 2006). The family network and other available social capital has often been overstretched due to the widespread poverty in sub-

Saharan Africa. Often relatives do not have the wherewithal to dole out to suffering relatives monies, gifts and other financial assistance. The negative impact HIV/AIDS has on food security is very complex and debilitating. FAO report (2004) argues agriculture is the key to food security in many parts of the world and that agriculture contributes to the alleviation of poverty by reducing food prices, creating employment, improving farm income and increasing wages.

Indeed, the food import bills of developing countries grew by 56 per cent over 2007/2008 following a 37 per cent increase in 2006/2007 and especially in Africa, where the aggregate cereal import bill is projected to increase by 74 per cent (FAO, 2008). Ghana's total food and agricultural imports in 2012 is estimated to reach US\$1.2b from about US\$1.00b in 2011 (GAIN/USDA, 2012). In 2009, 500,000 metric tons of rice equivalent to US\$600,000.00 were imported (MOFA, Ghana, 2011). In Togo, the import of cereals account for the largest share of food imports representing 42% of the total imported in 2009 at a cost of US\$3.6b (FAO, 2012).

The question of food security is a critical issue among the rural poor. Indeed, over 850 million people in the world are undernourished (Carney, 1999) and it has become crucial for livelihoods approaches to offer agricultural output and to assist in the increment of access to food by poor people. Rural areas are inhabited by 70% of the world's poor, and there is a strong correlation between poverty and remoteness from urban areas which is expected to be so until a few decades into the 21st century (Carney, 1999, op cit). 11 per cent of the global population (about 783 million people) is without access to an improved source of drinking water and, at the current pace, probably 605 million people who will be without water by 2015, while over 40 per cent of the population without improved drinking water live in sub-Saharan Africa (MDGs Report, 2012). There are 1.02 billion people who suffer from chronic hunger while 36 million people are displaced (UNHCR 2008) and (FAO, 2011) estimates 1.02 billion undernourished people with extreme poverty looming large as an alarming problem within developing regions of the world.

Food sufficiency has always been on the agenda of the rural food producers. Since the domestication of plants and animals, barter trading and subsistence farming, one of the crucial objectives of rural people is to have adequate food resources to feed on. Thus, in understanding rural poverty, rural livelihoods and food security seem to be at the core of rural

people's efforts to be self-sustaining or food sufficient. In addition, the ability of increasing agricultural productivity of small scale farmers in developing countries has been emphasised, not only to meet market demands, but to reduce rural poverty and raise living standards (Scherr and McNeely, 2003; Scherr and McNeely, 2007). These subsistence farmers face many challenges that often thwart their efforts, either on a daily basis or seasonally. It can be said that in spite of the hard and laborious efforts of subsistence farmers, there is always a food gap (See Pinstup-Andersen, et al., (1999); Moseley (2001); Ivanic & Martin (2008). Most of the challenges are either internal or external to the rural farmers and often, a few of the problems associated with their livelihood activities (mainly farming) are beyond their control.

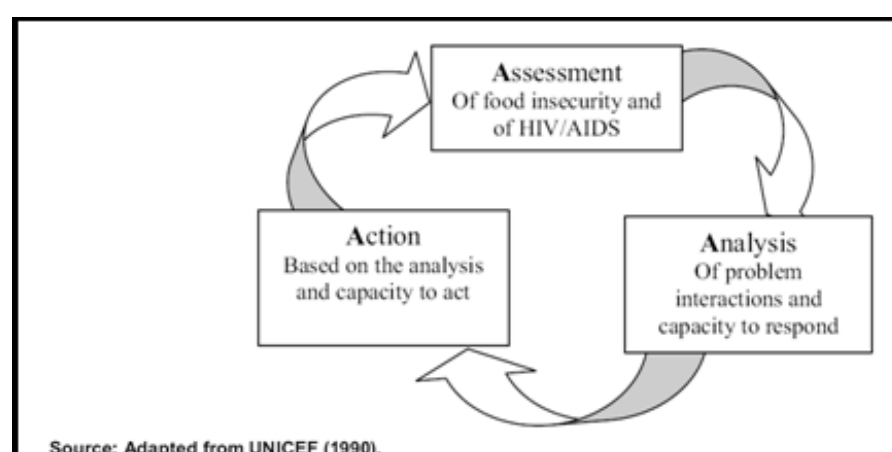
The widespread poverty in Sub Saharan Africa does not include only a lack of money, but assets and skills as well. In order to secure basic needs, people undertake certain risky behaviours, such as sexual transaction or commercial sex. As a result, Rugalema, et al., (1999) argue that HIV infection largely affects the poorest, who in fact represents most of those infected in Africa. They further assert that it is not because the poor are unlikely to be reached with relevant information, education, and counselling activities but such messages are often not meaningful and feasible in their specific circumstances. Rural poverty undermines the extent to which relatives can depend and offer assistance to each other, although some individuals/households have better resources than others. Barnett and Whiteside (2006:245) citing De Waal and Whiteside, (2003) mention a recent situation of the HIV pandemic impacting on poverty as a 'New Variant of Famine'.

The hypothesis of a 'New Variant Famine' was the HIV/AIDS epidemic in southern Africa which accounts for many households that are facing food shortages and explains the grim trajectory of limited recovery. Four factors associated with this phenomenon are: a) household level labour shortages attributable to adult morbidity and mortality; b) loss of assets and skills result from increased adult mortality; c) the burden of care is large for sick adults and children orphaned by AIDS and d) vicious interactions exist between malnutrition and HIV. There is, therefore, an inverse relationship between the number of productive family members and the number of dependants. Thus, while the number of productive family members decreases, the numbers of dependants grows, and as households lose adults and take in orphans of dead relatives, this further threatens households food security.

According to Boto et al. (2004), compared to urban dwellers, those in rural areas face more devastating impacts either through the loss of indigenous farming techniques, loss in assets, as well as productivity due to more per capita deaths in households. To solve the problems of food insecurity, which include insufficient production in agriculture, unreliable supply in food requirements and unsustainable livelihoods, a country must step up production of food domestically and through this, conserve adequate foreign reserves (Topouzis, 1998) including food not grown domestically for the event of food shortages. Thus the loss of a prime-age adult or “bread winner” on farm labour; where shortages of labour often lead to decline in productivity and in household income, loss of assets, savings and remittances. These factors render vulnerable households chronically food insecure and their household members chronically undernourished. In some situations, the family members have to sell their livestock to finance medical care for AIDS patients. The food security situation in the study area is fluid as it is very slippery.

Citing UNICEF (1990), Loevinsohn and Gillespie (2003:39) argue the pioneering effort of UNICEF in modelling Triple A Cycle (Figure 2.7) below is a useful construct for emphasising the process that needs to be reviewed once relevant actions have been implemented and set in motion. To effectively permit this, reflections/deliberations on HIV/AIDS need to be built into all crucial monitoring and evaluative systems. A triple Cycle applied to HIV/AIDS and food insecurity as seen in the Figure 2.7 will be helpful.

**Figure 2.7: A Triple cycle applied to HIV/AIDS**



Assessment of the degree of possible ravages that can be caused by HIV/AIDS on individuals/households and how it can affect food production should be conducted to get prepared for the shocks and stresses such a situation can cause. A critical analysis of the



problems to be faced, the probable interactions and the capacity to mitigate as well as the relevant actions to be taken prior to the severity of the HIV/AIDS and its aftermath such as terminal and final death must be taken care of. Furthermore, how to cope with the situation while dependents abound and be able to use very requisite means to mitigate the negative impacts of the HIV/AIDS, while ensuring a meaningful degree of food security, hence advocating for the Triple Cycle technique, as adapted from UNICEF (1990). An adequate food supply can enhance the quality of life and also sustain well-being of the rural people.

## **2.8 Well-being of rural people**

The concept of “well-being” has become significant in recent times, as it covers new areas of research activity and enquiry within the fields of ‘subjective wellbeing,’ ‘quality of life’ and ‘life satisfaction’ as studied in psychology and social indicators research (White, 2008; Ryan and Deci 2001; Veenhoven 2000); and the economics of happiness (Layard 2005). The concept of well-being (Chambers, 1995; 1997) seems to defy a precise definition and serves a broad scope of purposes. Thus, in this case, the concept is said to involve many more elements than just the inclusion of either food intake or income. Chambers (1997) contends that a well-being approach to poverty and livelihood study can offer rural people themselves the options they consider viable and significant. Often, a range of sustainable livelihood outcomes and varied issues emerged, some of which are security, self-esteem, happiness, stress, vulnerability, power, exclusion as well as other pressing material needs. The perception and goals of the rural people in the study are inextricably woven with self-sufficiency and social status linked up with successful maize and cassava production. These ideal perceptions of the subsistence farming households, coupled with personal satisfaction from healthy and intelligent children in schools are sources of satisfaction and joy to parents. All these aspects of the lives of rural people are not viewed only from the monetary perspective but also their ‘spiritual’ well-being, how “happily situated” they are, or their viable social networks within which they strategize and carry out their livelihood activities in a happy fashion.

## **2.9 Critique of the Livelihoods Framework**

Questions pertaining to the sustainability of livelihoods are not quite clear in the framework. This is because in most frameworks, the conceptual framework comprises amongst others, the resources accessible to the people, what can be done with the resources or assets and the intended or probable outcomes of their activities carried out as the core part. These features

are not easily discernible with the SL. It has not been clear how evaluating and assessing resources or assets of the rural people from different geographical regions; the developed north and the 'developing' south will bring similar conclusions. Gender issues in the contemporary world have become very important, they are sensitive and impact greatly on development and must be emphasized in addition to cultures in order to aid more detailed analysis. Gender as an informal institution should be situated in the framework under the vulnerability context due to the lack of "universality" among cultures, which in itself can undermine equity among genders. This assertion confirms what Masanjala (2007:1038) contends when he states that across Africa, the vulnerability of men and women to HIV infection stems from barriers which are brought about by socio-cultural (institutions) norms which do not enable women to have adequate participation and hence derive benefits from the economy.

Rakodi (2002) argues that using the livelihoods concept is a pragmatic realisation of actions taken by households to have security as well as meaning in their lives. There are, however, two sides to the sustainable livelihood framework. It has both its strengths and weaknesses and one can say that the SL approach is still evolving. There are ongoing discussions among practitioners and agencies on what the framework should be, in terms of content and focus. As a human construct, the livelihood framework cannot be a perfect and an all-embracing model. Indeed, Cahn (2002) maintains the SL approach is not a panacea for development, but rather a 'way of thinking' that has considerable potential as an analytical framework to guide researchers and practitioners in rural development and poverty reduction. Even though the approach may be sensitive to context and situation, its importance will be assessed as to the extent it reflects real situations which are multi-faceted in nature. Krantz (2001) asserts it can be easier in theory to recognize the different components and extent of what forms sustainable livelihoods, but tricky and complicated in practice due to the fact that many situations may demand context specific analysis.

According to Rakodi (2002), the importance of SL is its ability to put together vital constituents and by showing their interrelationships, help to aid recognition of crucial analytical questions as well as relevant points needed for effective intervention. The protagonists of the diagram (Fig 3.1) are concerned with discussing the concepts, relationships and processes portrayed among people, especially rural poor and how resources could be used to alleviate their poverty. It can be argued that the originators of the livelihoods

framework do not therefore take any critical view of the diagram itself and might have envisaged an open ended framework, which can allow future improvements on it. What is more critical to the SL approach is having knowledge that livelihoods are constructed around a series of tangible and intangible resources and the people's entitlement and access to the resources to be used is significant. To achieve this, the SL should include material such as land and water bodies which can be used as important assets for irrigation in order to realise maximum benefits from livelihoods. Care should be taken such that in the new investment dynamics of land, or usage of other "property of the commons" the rural people are united and can be mobilised for development instead of dividing the rural poor (Scoones, 2009).

It is assumed that the complexities of the SL approach can be dealt with effectively at a decentralized government level. In fact, the strengths, resources and local knowledge of the poor are supposed to be the basis and focal points of policy options and direction; an approach that emanates from inside-out. Sometimes, power brokers and very influential people can arrogate power from the local folk, thereby preventing them from taking their destinies into their own hands. Questions have been raised over which other components should be included in the conceptual framework, as the SL approach is still developing and further benefits and disadvantages will emerge over time (Cahn, 2002). One important but controversial aspect of the approach is the way the framework portrays the interaction between factors. This type of approach can pose a danger as it tries to represent the reality and complexity of a livelihood system in a simple and logical way and by so doing, obliterate the relative importance of some factors and the relationships between them. In two of the frameworks (Ellis, 2000 and Scoones, 1998), it is said that the framework is assumed to be linear with no feedback process, let alone other relationships. This is clearly unrealistic.

The livelihood approach can be deemed less useful for quantifying changes in livelihood security or sustainability (Krantz, 2001). Besides, livelihoods analysis is resource intensive and demands a combination of field methodologies, strong analytical skills, including participatory techniques and the ability to adapt them, thereby making research findings more academic and scientific in character; it then becomes an approach that cannot easily be accessible to young researchers nor policy makers. Nevertheless, gender aspects have been considered by all three SL approaches. DFID's SL framework for instance, highlights the need to give particular attention to 'vulnerable groups', including women, when conducting regular SL analysis, which are then supplemented with specific gender analysis.

Another significant limitation of SL approach is that it tends to take the household as the basic unit of analysis. Thus, most of the focus is on how different categories of households relate to different types of assets, to the vulnerability context, to markets, organizations, policies and legislation. With such thinking, the danger can be that the various inequalities found within the household in terms of individuals who wield more economic power and control, who has more say over diversified livelihood interests (Ellis, 2000; Ellis 2005) can be overlooked. In addition, opportunities and power relations in taking crucial decisions that affect health, education of children and which crops to grow and on which parcel of land to be tilled, is often associated with gender, but not spoken about within the SL framework. It is important to note that women and children live under the control of lop-sided power relations in favour of the men, especially in the patriarchal communities studied.

Women and children are generally termed as poor and vulnerable even if they are household heads. General categorisation of women as socially vulnerable and economically deprived or subordinate members of well-to-do households narrate half-truths. In order to take a critical view of the various segments of the household such as men, women, girls and boys, different age groups, other issues such as the order in which the co-rivals gave birth as well as the order in which the wives were married into the polygamous relations must be considered (Bolt & Bird, 2003). The use of SL framework for this study will have implications for my analysis if the households within the Ghana-Togo border were assumed to be a homogenous entity. Household composition reflects different strands of elements comprising each household. The way each household makes a decision and allocates resources are influenced by institutions embedded in a culture, the time at which the decision is made and how social influences can result in varying benefits, work, leisure and consumption patterns. In order to address human rights issues of various segments of the population, making girls and women equal partners in decisions that affect their welfare within the communities/households will drastically reduce the incidence of vulnerability of women and girls to HIV. Thus, institutions (social factors) associated with gender differences are said to shape the HIV risk environment more than the other dimensions through asymmetric sexual relations, economic inequalities and population movements (Masanjala, 2007).

## **2.10 How to enhance the livelihoods model**

Even though the SL framework used by development partners in the developing world (DFID, 2000, 1999) cannot contain everything perceived as good and critical for alleviating poverty of the poor, there are, however, a few ways to enhance this framework. Despite the fact that the livelihoods model has not been developed for the study of HIV/AIDS impacts, Seeley, (2002); Loevinsohn & Gillespie, (2003); Stokes, (2003) used it in their studies. In my study, I intend to incorporate gender and age as factors that render females vulnerable to the HIV/AIDS pandemic as critical components to aid further understanding of the model. I will also add culture as well as institutions as a part of the vulnerability context, as they can also induce trends and shocks at the same time as “delivering” strategy to help livelihood (see UNAIDS, 2002; Loewenson & Whiteside, 2001). While migration is no doubt a strategy, it becomes equally vulnerable in the face of HIV/AIDS impact, which negatively affects the health of people especially the active household members who are on the move and whose livelihoods also get destroyed.

O'Donnell (2004) argues that the Sustainable Livelihood framework can offer a clear understanding of how HIV/AIDS affects the livelihoods of people. HIV/AIDS, no doubt, represents a potentially devastating shock to rural farmers, especially the survival of households. Different ages (important demographic variable) are impacted differently by HIV/AIDS, for example old people and children's well-being as individuals within the same household will be different. I will therefore add age to enhance the framework which may have important policy implications. Finally, it is suggested that inclusion of local knowledge as an important resource will assist policy makers to explore and examine the perceived possibilities and probabilities of the co-operation of the rural dwellers in championing their collective interest.

## **2.11 Reasons for the use of livelihoods approach for HIV/AIDS impact study**

Using the livelihoods approach for the study of HIV/AIDS impacts on the livelihoods of the Ghana-Togo border region offers a holistic and an in-depth study of the impacts of HIV on the border residents' daily living strategies. In the case of HIV/AIDS, this involves searching for strategies that do not focus solely on clinical conditions or medical solutions. Seeley (2002: 2) aptly confirms this situation when she posits that “HIV/AIDS is a health issue (but not only) that demands prevention, caring and is related to livelihoods”. This is because it can decimate the livelihoods of survivors as it depletes their resources. It is therefore essential to

utilise the livelihood perspective in order to understand the impact of the HIV/AIDS pandemic. Furthermore, the livelihood framework has been steadily utilised to study the impact of the AIDS epidemic on livelihoods (Loevinsohn & Gillespie, 2003; Seeley, 2002; Stokes, 2003). In my study, I intend to use the SL to understudy the impact of HIV/AIDS on the livelihoods of the Ewes on the Ghana-Togo border region.

The use of SL to study the matrix of all these socio-economic activities by rural farmers and the trading activities across the border as part of the diversification process (Ellis, 1998) of their livelihood strategies, have implications for policy and planning. Just as HIV/AIDS is a development issue (White & Robinson (2000), it stands that the livelihoods framework is relevant and can be used to study, analyse and address HIV/AIDS impacts that fall within the purview of development, an issue which is also critical and happens to be the focus of the framework. The utilisation of the livelihoods framework for the study of the impacts of the HIV/AIDS pandemic is very relevant as it takes cognisance of most important aspects of livelihood activities of the rural farmers it affects. It explains once more how the framework situates in its centre the problems, challenges, as well as the strengths of rural people.

Indeed, Masanjala (2007:1039) further contends that the impact of HIV/AIDS on livelihoods creates a cycle of poverty and HIV/AIDS. The importance of the livelihoods framework cannot be denied, just as it offers a holistic approach to the study of livelihoods, also it is crucial to understand how HIV/AIDS attacks the rural farmers' livelihoods head-on and induces poverty and misery in their lives when it sets in. When individuals, households and communities experience AIDS, it can swell the numbers of impoverished households and compounds the degree of poverty among those that are already deprived (see Loewenson & Whiteside, 2001; UNAIDS, 2002). Finally, Masanjala (2007) maintains using the livelihoods framework makes it possible to develop analysis that has both positive and normative policy implications. The framework allows researchers to show differences in how AIDS affects every part of livelihood. Thus far, the utilisation of the livelihoods framework to evaluate the strengths and weaknesses of subsistence farmers in general, is ideal for the study area. It will aid in assessing and examining the capacities or constraints of these rural farmers having access to sufficient supply of food in a stable and sustainable way through the various livelihood strategies.

## **2.12 Summary and Conclusion**

The livelihoods approach epitomises a bottom-up approach which aids development planners in having a deeper understanding of the factors that affect the daily lives of the rural dwellers. The livelihoods approach as a man-centred framework implies that the strengths and local knowledge of the rural people will play central roles in development planning and policy development. The use of the SL framework aids critical study of the strengths of the rural people in terms of the capital assets they have and the institutions, formal and informal that govern access to resources among others, along the Ghana-Togo border and their active participation in getting themselves out of poverty. Through this process of holistic analysis, the variety of ways by which rural people manage to make a living for themselves within the contexts in which they operate and the available resources at their disposal will be explored.

The livelihoods approach, intended to be a versatile tool for use in planning, management and development continues to be the core development tool used in the developing world. Carefully discussing all the resources or assets that prevail within the Ghana-Togo border and taking cognisance of the ingenuities of the Ewes within the said environment will open up the region for overall development. The same ethnic relations making available strong and supportive networks imbued with trust and reciprocity together with viable social capital across the borders can be tapped for both social and economic integration of the region. Expansion of this network can be utilised to undermine border hostilities and create a peaceful environment for development in Africa. It does not, however, provide a ‘magic’ solution to the problems of poverty, nor is it simply a mandatory requirement in project/programme preparation.

Furthermore, it should be emphasised that a region with “fluid” and burgeoning migration or mobility is positively related to HIV/AIDS incidence, as mobile populations are at greater risk from infection. In all, the SL has attained a lot of success and holds a great sway over the preceding paradigms as rural people themselves are “co-partners” in development. The following chapter discusses the methodological approach used in obtaining and analysing the data for the study.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

The main aim of this study as stated in Chapter One is to investigate the impacts of the HIV/AIDS pandemic on rural livelihoods in the Ghana-Togo border region. It will also examine and evaluate the role of population mobility in the spread of HIV/AIDS in the cross border area, which induces indirect effects of HIV/AIDS such as widespread deaths and illness on livelihoods in the study areas that may be trans-national and multi-local in nature. Thus, in view of the questions posed by this research, a mixed methods approach was adopted, to collect and analyse relevant data for this research (Tashakkori & Teddlie 1998; Bryman & Bell, 2007; Denzin 1978). This is what Yeung describes as “a total method approach in which these different methods are seen as employed as a coherent whole” (Yeung, 2000:23). The interaction on the field between the participants and the researcher (Patton, 2002) is also very important in this knowledge production process.

As outlined in the previous chapter, the study builds on the Sustainable Livelihoods Framework (SLF). The Livelihoods Framework (Carney, 1998) constitutes the conceptual framework which informs the empirical research as well as the usage of a relevant methodology that aids understanding of change and direction in the diverse livelihoods of these rural people. In addition, the utilisation of the livelihoods framework to investigate and understand the socio-economic, cultural and institutional, health and political circumstances of the people and the impact of HIV/AIDS on livelihoods, for instance, reveals new dynamics in the social relations.

The primary role of this chapter is therefore to discuss the methodology by which the empirical questions of this study were investigated. The chapter is divided into sections. The introduction (3.1), is followed by the Study areas, respective study sites and a brief historical background of the Ewes (3.2, 3.2.1 & 3.3.1). This is followed by discussion of the choice of research design and adopted Community meetings at the sites (3.4 & 3.5). A series of research methods (Livelihoods survey –case examples of household structures) and sampling strategy were used (3.6-3.8 & 3.9), which emphasise and facilitate acknowledgement of ‘local’ knowledge, people’s perspectives, meanings, values, understandings and experiences. A detailed discussion of the role of the ‘community’ meetings, livelihoods survey, using



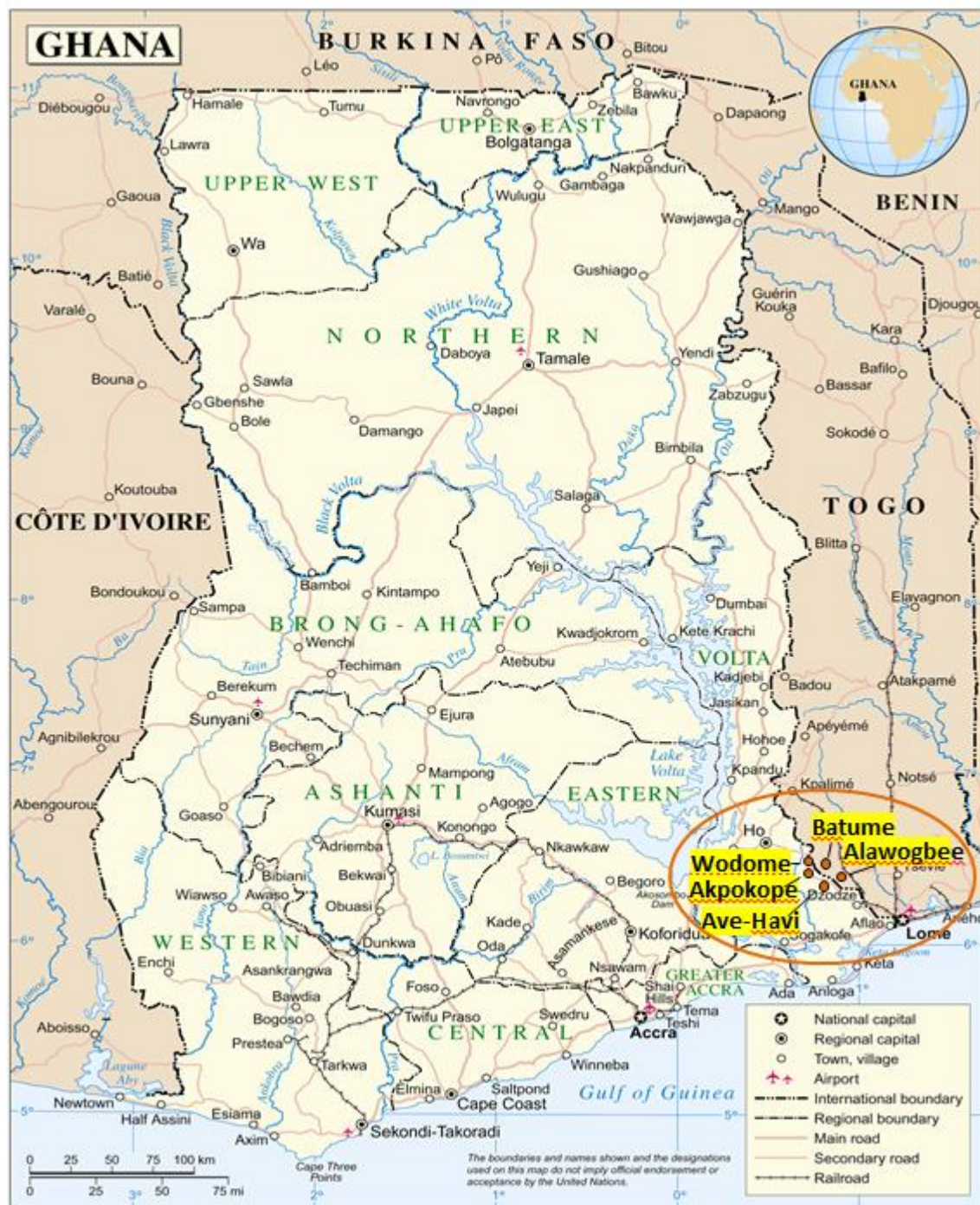
‘participatory’ methods, semi-structured interviews, participant observation, case examples of household heads studied, and key informants or representatives of schools and churches are undertaken. Section 3.13 explores Community Entry and Interaction (CEI) during which time the researcher gained access to contacts in the villages and began to build trust with the ‘gatekeepers’. In the final section (3.17) focus is placed upon my positionality and reflexivity and the positionality of my translator (used in the Togo sites). A discussion of ethical, emotional, strengths and limitations, (3.18) are followed by a summary and conclusion.

### **3.2 Study Areas**

The research is focused on the Ghana-Togo border area, domiciled by the ethnic group called Ewes. Two of the study sites – Ave-Havi and Akpokope-Wodome being studied, are located within the Volta Region of Ghana, while Alawogbee and Batume are located in the Republic of Togo. The rural area sampled for the study is roughly located between Longitude  $0^{\circ}$  -  $2^{\circ}$  E and Latitude  $6^{\circ}$  N -  $8^{\circ}$  N (see Figure 3.1). A study site in the Volta Region, occupied by the Ewe people (Ewes) was selected based on the fact that same Ewe ethnic group live on the Togo side of the border. In addition, the following criteria also played a very important role in site selection:

- i. The Ewe communities on both sides share family and kinship relations across the border.
- ii. The Ewe communities have historical connections (genealogy) that straddle the border.
- iii. The Ewe communities were ‘subject’ to different colonial and postcolonial political systems and policies.
- iv. The Ewe communities’ main livelihood is first and foremost food crop production.
- v. The Ewe communities interact through trade links across the common border.
- vi. The Ewe communities are faced with long term illnesses (HIV/AIDS) and often unexplained deaths.

Figure 3.1: A map of Ghana and Togo showing the study areas



Source: UN Peace Keeping Operation Cartographic Map (29 October 2009).

### 3.2.1 Selecting the study sites

Study sites are here defined as ‘settlements’ or ‘villages’. Each settlement encompasses a number of Chiefs, sub-chiefs and people from different clans who settle together and share common aspirations of daily living and well-being and also hope for future development. The number of households and the population of each settlement vary slightly. The four specific

rural settlements were selected because they have specific characteristics that were important to the research. Apart from similar livelihood portfolios, they had populations that were and continue to migrate or move to and fro across the border, either in search of jobs or to trade or to visit relatives (Mead, 2007). There were active non-resident members who hailed from these study sites but lived outside them in other towns and cities. Testimonies of high migration from the area indicated sizable migrant associations in Accra, Lome and other rural and urban centres.

As they live in the same savannah equitone, they also undertake similar economic and cultural activities. I chose two sites on each side of the border (four sites in all) with similar livelihood strategies observed between the sites in the north and south. Initially, I thought that slight differences in the vegetation cover and density of population from the most southerly sites compared to the sites in the north might induce variation in subsistence farming (cropping)<sup>17</sup>. Many people were suffering from long term illness/HIV, some of whom had sought medical care outside their settlements at places like Dzodze<sup>18</sup> Hospital, Ave-Dakpa, Kpetoe and Aflao<sup>19</sup>, impacts which would exacerbate poverty and deprivation among the people.

### **3.2.2 Alawogbee (Togo)**

Alawogbee is a small farming community in Togo. It is situated in the Keve district of the Lome-Maritime region. The Paramount chief who exercises authority over Alawogbee lives at Dzolo. During the migration of the Ewes from Notsie (Amenumey, 1969) to their current dwelling places, the Ewes were dispersed around the current Ghana-Togo border. The oral history of the Ave-Ewes has it that, upon reaching Keve in their journey from Notsie, one of the sons of the chief leading the group died at Yope (meaning mourning place) so the chief decided to stay on and mourn for his lost child. Others who travelled on from Yope in one of the migration streams settled later at the current place called Alawogbee in about 1720.

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<sup>17</sup> Notwithstanding, similar cropping and livestock raising were practised either in the southern or northern sites.

<sup>18</sup> I come from a town called Dzodze which is located very close to the Ghana-Togo border but due to issues relating to stigma and the sensitive nature of the long term illness including HIV/AIDS coupled with its peri-urban nature, I have deliberately not identified Dzodze, as a study site. Identification of sites which are basically rural as observed on Figure 4.1 have been highlighted. Wodome-Akpoko is an adjoined rural setting and not two separate settings.

<sup>19</sup> During my scoping visit and in search of finding the extent to which the HIV/AIDS pandemic was impacting livelihoods in the sites, I gained information from some informants that most of the HIV affected people took treatment far away from home. I cross-checked the information from health centres and some traditional herbalists who confirmed the information was true. The infection rates on Ghana side of border were put as 2.6% (Figure for the HSS 2006 Regional Capital, Ho) and 1.9% (Figure representing the region).

This aerial map shows a rural landscape with various land use features labeled. A north arrow is in the top left, and a scale bar (0 to 2.0 km) is in the bottom left. A 'main road' is visible in the upper right. The map includes labels for 'To Kpalime' (top left), 'Lome' (top right), 'V' (village), 'P' (park), 'Cl' (clinic), 'Sch' (school), 'S' (shop), 'F' (fields), 'Tw' (teak wood), 'Pl' (plantation), 'CH' (church), and 'WP' (water pump). A key in the bottom right corner defines these labels.

Key	
V	Village
P	Park
Cl	Clinic
Sch	School
S	Shop
F	Fields
Tw	Teak wood
Pl	Plantation
—	Track
CH	Church Hosae
WP	Water Pump

A splinter group among the people who had arrived at Alawogbee (relatives), moved westwards across the Togo-Ghana border and settled initially at Dzayime, a place very close to Ave-Dakpa. Indeed, oral history of the Ave-Dakpa people maintains that it was one of the women from Alawogbee (those who moved westwards) who gave birth to the Ave-Dakpa chief whose stool<sup>20</sup> name is Torgbui Nyamekor Glakpe. In Alawogbee, as in most rural areas, houses were constructed from wattle and daub and in addition shacks were found here and there.

<sup>20</sup> Every chief is supposed to have a stool on which he sits to adjudicate cases and deliberate on issues of peace or development. The stool is an embodiment of the departed souls and whoever becomes the occupant of the stool, no longer uses his private name. The names used by the chiefs therefore become the stool name or title to the stool occupied.

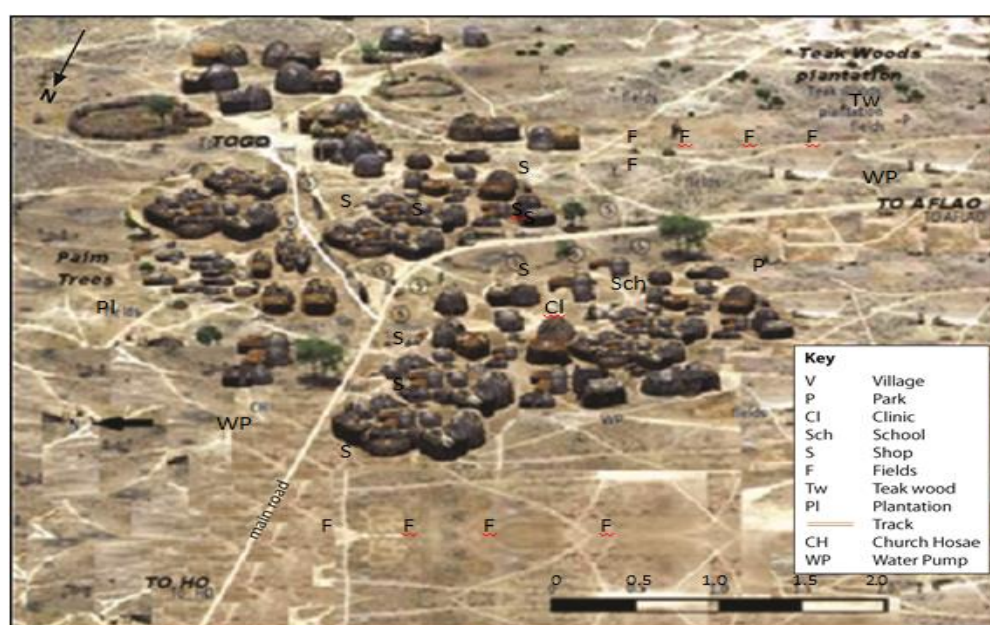


drugs were found. Even though this area is in Togo, the people maintained that they depend on the health facilities at Ave-Dakpa, Aflao and Dzodze (all in Ghana). There is no electricity and it was only the chief who had a car that was used to run errands on behalf of the people.

### 3.2.3 Ave-Havi (Ghana)

Ave-Havi is located both along the main Ho-Aflao road in Ghana and the road that leads to the Ghana-Togo border<sup>21</sup>. The people of Ave Havi are said to have originated from Krobo area in the Eastern Region of Ghana. The story maintains that upon their arrival from Krobo, the Ave-Dakpa<sup>22</sup> people asked them to stay with the Dzayime people; and the only place allocated to them by the former was on the farm land used for rearing pigs. Literally speaking, *ave* in the Ewe language means the bush/forest and *havi* means small pigs. Thus, Ave-Havi means the small pigs' forest. Through intermarriages with the Ave-Havi people, they have become one people with common ancestry and language.

Figure 3.3: A sketch Map of Ave-Havi (Ghana)



Data Source: Field Survey, 2007

The road network between Alawogbee (Togo) and Ave-Havi (Ghana) is relatively good. Adams et al, (1998:275) maintain “Proximity to neighbouring villages, towns and community

<sup>21</sup> The road that leads from Ave-Havi to the border, is the same road that connects Alawogbee and Ave-Havi.

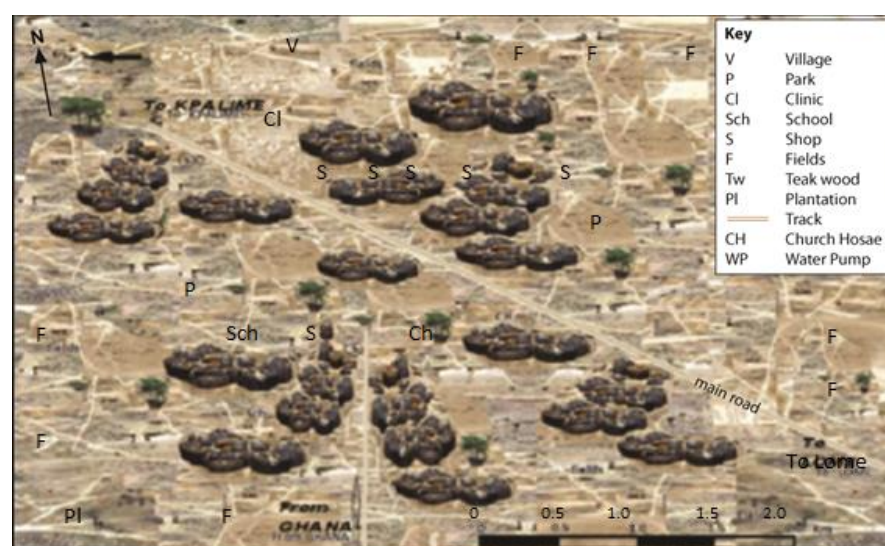
<sup>22</sup> The Ave-Dakpa people were said to have come from Bakpa in the Agave area, who had earlier on settled at their place before the Ave-Havi people arrived. They therefore allowed them to settle on the part of their land used for rearing pigs.

centres is also important in taking advantage of social and economic networks for bartering, loans, credit, and information.” Fluid movement of people in the context of the HIV/AIDS pandemic creates the potential for negative spill-over effects. The people depend on a health centre built at Ave –Dakpa, which is a short distance from Ave-Havi. The Alawogbee people also use this service and in addition, they subscribe to the mobile phone company existing at Ave-Havi (Ghana). The current chief of Ave-Havi called Torgbui Agboka Sonu V is said to be progressively minded and ever ready to assist in any development project.

### 3.2.4 Batume (Togo)

Batume is a small farming settlement which is situated in the Keve District of the Lome-Maritime region. The paramount chief of the Batume people lives at Assanou. These people claimed they share the same origins as the Ga Adangbe people who settled around Accra, the capital of Ghana. It is said they also came from Kpelele and Tema, a name that originated from Torma, meaning the gourds or big calabashes they grow. Their festival called Agbamevor Za, meaning the weaving of kente<sup>23</sup> was always celebrated among the thirty-four communities/towns belonging to the Agortime people, some of whom are located on the opposite sides of the Ghana-Togo border.

Figure 3.4: A sketch Map of Batume site in Togo



Data Source: Field Survey, 2007

The chief of Batume said they invited the Adangbes in Ghana to celebrate with them on each occasion. He said there were more of the Agortime townships/communities in Ghana than

<sup>23</sup> Kente cloth making is a process of making cloths with cotton through the traditional weaving method. Different designs, patterns and pieces of the kente cloth are made. There is a burgeoning market now for this product in the US.

they were in Togo. Nene Akpalu IV said the highlights of their festival celebrations were when all the Agortimes (from both Ghana and Togo) assembled at Kpetoe for the grand celebrations with much fun-fare.

A health facility was constructed by a Canadian organisation that aids the people of the area. A vibrant market existed at Batume in the late 1980s and through the 1990s which involved women from both far and near, such as Accra, Dzodze and Ho. The existing sprawling local market at Batume can be a ‘melting point’ for unhealthy sexual behaviour by the active participants in the trade, as the traders slept in the open, stayed with unknown vendors/customers (Anarfi, et al., 1997; UNESCO/UNAIDS Project, 2005) and others with relatives and friends, a scenario that might have induced transmission of HIV/AIDS among the population.

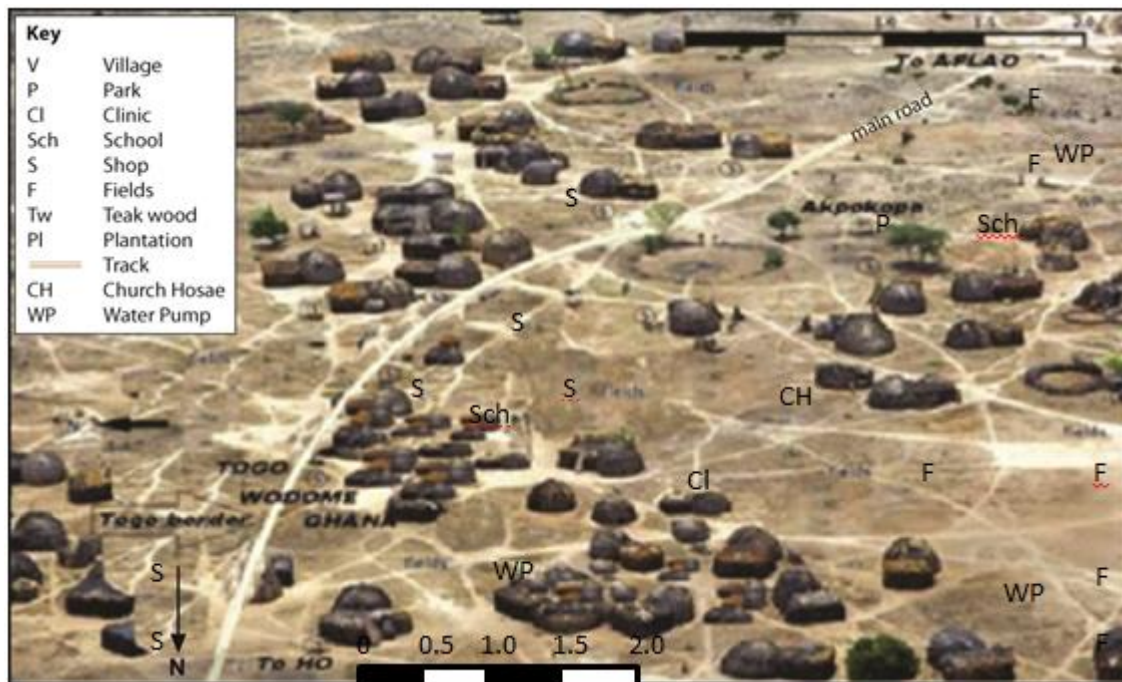
### **3.2.5 Akpokope-Wodome (Ghana)**

Akpokope-Wodome is a site that is situated in Ghana along the Ho<sup>24</sup>-Aflao main road. Owing to its location, children and women sell cloths and other textile materials produced locally along the side of the road. Akpokope-Wodome has a similar culture and origin to the Batume people. According to key informants, most of the people that migrated from Kpetoe on their way to Batume in the olden days, settled first at Akpokope-Wodome.

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<sup>24</sup> Ho is the regional Capital of the Volta Region which links to Aflao, a thriving border town/city. The Ho-Aflao road passes through the two Ghana sites sampled for this study, namely, Akpokope-Wodome and Ave-Havi.

**Figure 3.5: A sketch Map of Akpokope-Wodome ( Ghana)**



Data Source: Field Survey, 2007

Figure 3.5 shows the main road from the Regional capital, Ho towards Aflao which is located at the Ghana-Togo border (Wodome). From the 1970s through to the 1990s, Wodome was a popular place for people travelling between Ho and Aflao to make a stop-over and buy either farm products or manufactured goods, usually food provisions.

In fact, there was a vibrant shopping centre at Wodome with many drinking spots and stores which attracted goods brought from Lome (Togo) to sell. It was alleged during that time that the Ghana currency (Cedis) was higher valued than the Togolese CFA franc. As a consequence of this “economic rationality” the goods bought from Wodome were relatively cheaper than goods bought elsewhere in Ghana. Apart from the shopping spot, one unique feature of Wodome is that the main Ho-Aflao road which divided the settlement into two, at the same time provides opportunities for life<sup>25</sup> at the national frontiers. See Figure 3.5 (map of Akpokope-Wodome) where Wodome has been written across Ghana and Togo implying its existence as a settlement at the two sides of the border when Wodome was like at its height as a commerce centre.

<sup>25</sup> It hoists the two different national flags. There are two different border guards representing Ghana and Togo and exchange between CFA Franc and Ghana Cedis (GHS) is performed.



**Figure 3.6: Weaving kente cloth at Akpokope-Wodome**



Data Source: Field Survey, 2007

There is no doubt that the people of Akpokope-Wodome and Batume share similar culture, festivals and livelihoods. A common but notable livelihood strategy identified with these two settlements (Akpokope-Wodome & Batume) was kente weaving: see Figure 3.6 (Weaving kente<sup>26</sup> cloth at Akpokope-Wodome). Akpokope-Wodome people also crossed the border every now and then in order to sell their products. The trading in handicrafts (kente) brought fame and good business relations between these settlements not only to nearby neighbours but also to people from distant places such as Accra, Kumasi and Lome.

### **3.3 Regional or Geographical Location of the Study Area**

Figure 3.7 shows the border region between Ghana and Togo with a rectangle marking the specific area researched. This region has been shown earlier, site by site within Section 3.2, Figure 3.1 and Section 3.2.1. The study region has two main routes passing through it which increase the volume of the migration and mobility streams, namely the Abidjan Lagos corridor and the borderline which lies between Ghana and Togo and stretches from the coast towards the north. The numerous bush paths and the inability of border officials to adequately control and monitor these flows of goods and people across the border suggests a sizable number of people are evading tax while others also engage in smuggling activities. It must be emphasized however, that not all cross-border activities or trading is criminal, nor when families visit their relatives across the border. The seasonality and paucity of rainfall, coupled

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<sup>26</sup> Kente is a traditional type of cloth woven by hand as seen in the Figure 3.6. It is made of cotton. It is a much thicker and more expensive cloth compared to the ordinary cloth made in factories and often sold in the dumas fabric shops. The Kente cloths are used by women to carry babies on their backs.

with the absence of industries and a level of general neglect, has meant that the region has historically provided labour for public services, cocoa growing areas and the fishing industry in the coastal zone (Kludze, 1988). The study area, which lacks natural resources and abundant employment avenues, made many people desert the region for greener pastures elsewhere. The Volta region has therefore always been a net out-migration area (Nukunya, 1972).

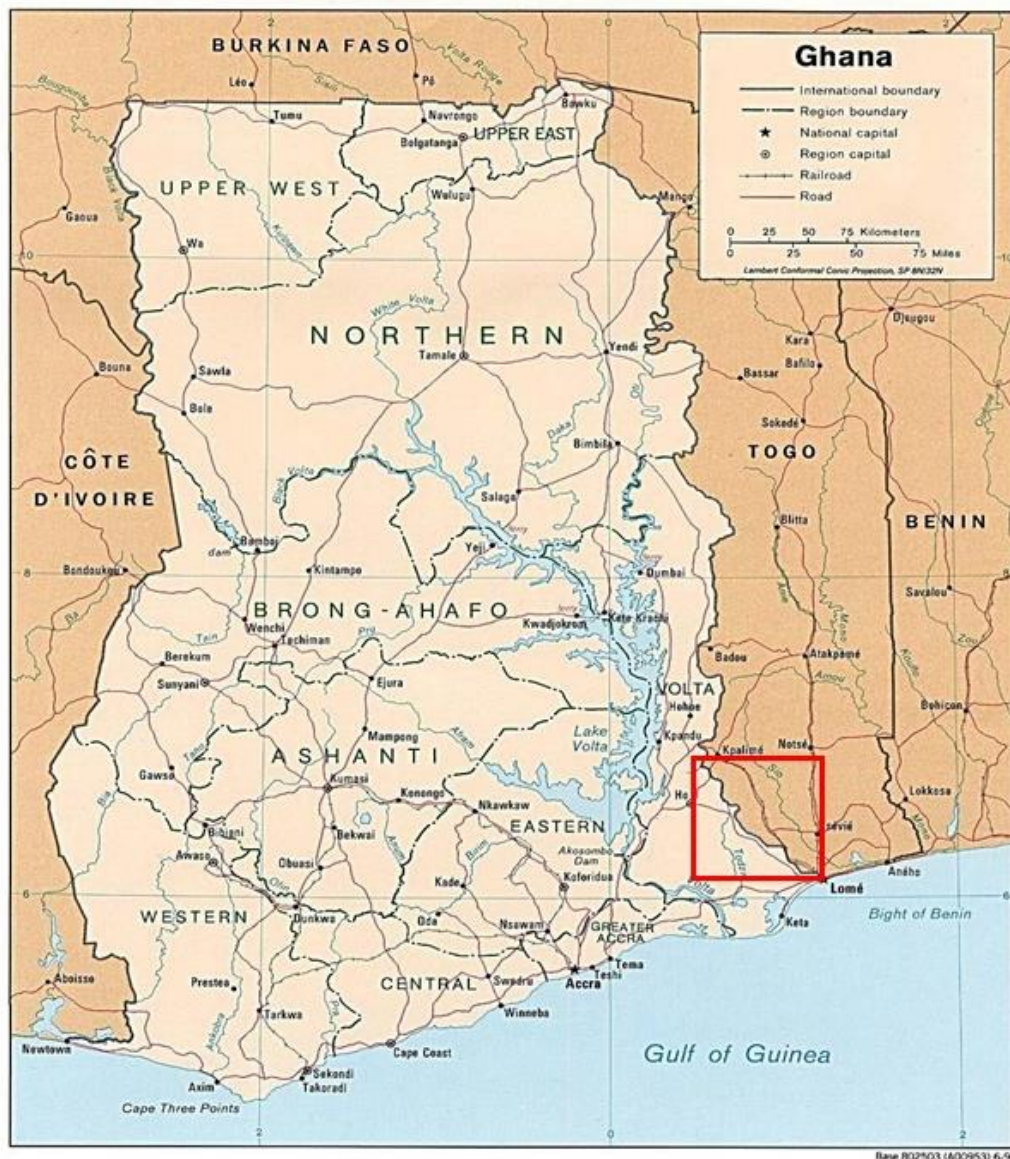
After dividing the Ewes, the border seems to have favoured the Ewes on Togo side as they became located within and closer to Lome, its national capital, while the Ewes on the Ghana side became isolated from their national capital: Accra. The Ewes who domiciled in and around Lome in Togo had an early education through the efforts of missionary activities. As a result, the Ewes in Togo became well educated, financially viable and well connected to such an extent that the first president in 1960 was an elected Ewe, called Mr. Sylvanus Olympio.

Beyond the impact of HIV/AIDS on health, it is important to evaluate the impact on social support, finances, housing, land-use and tenure, demography, power relations in the household and its influence on access to and usage of resources. A clearer picture of the situation in both Ghana and Togo which covers the study area (the region) has been discussed<sup>27</sup>.

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<sup>27</sup> The study area is described in chapter Three and analysed with findings in Chapter Four. However, a some of the historical evolution of the Ewe ethnic group and socio-economic characteristics that make the chosen region peculiar and very important for this study have been dwelt upon in both chapters Three (under the study area) and Four,.

**Figure 3.7: The Ghana-Togo boarder in the study area**



Source: Google Maps, Base 802503(A00953) 6-96

### **3.3.1 Brief Historical Background of the Ewes**

Togoland was first colonised by Germany (1884-1914), was divided into French and British territories after World War I. The division of Togoland between Britain and Germany in 1887, and later on France in 1914, had a profound effect on the ethnic identity of the Ewe people (Nugent, 2002:117-8; Akyeampong, 2001:189; Greene 1996:8). According to Nugent, (2002) Togoland became a country in 1884 when Germany declared a protectorate over the coastal fringes and after a series of negotiations and agreements, Germany also took ownership of the hinterland and as a consequence, the borders were fixed in 1901 (Brownlie, et al., 1979). Through the Milner-Simon agreement of 1919, new borders were drawn between the Ewes of

French-Togoland and Ewes of British-Togoland in 1919 (Amenumey, 1989), currently the Volta Region of Ghana, without due considerations to tribal or geographic factors (Brown, 2000).

Despite this division, the two mandated parts of Togo were by no means equal. British Togoland did not include the capital Lome; neither were the existing German-built roads and railways, connected to the Gold Coast colony but instead were directed eastwards to French Togoland. Although it is said one must not overestimate the importance of the differences in economic and infrastructural terms (differences between the two sides of the border) in the 1930s the roads eventually built integrating British Togoland into the Gold Coast colony, were not comparable to the road links to Lome, nor was any railroad infrastructure constructed in the British Togoland. See subsequent sections that describe the four respective study sites in more details.

The Ewe speaking people were divided between different European colonial powers and consequently were influenced in distinct ways. German rule over Togoland was based on the direct rule policies of enforced labour and border control, while the British relied on indirect rule, which allowed chiefs to maintain some level of authority through the incorporation of traditional power structures into the colonial administration. Thus through time, the study area has been a very vulnerable area with difficult socio-economic conditions. Apart from the Ewes who live within the capital city of Lome and Kojoviakope, there are others who live in the villages outside the urban centres. The Ewes of Ghana live in a region popularly known as Volta region or the “Great Volta”, a name which is used for the largest river (River Volta) located within the region. The Volta region is often seen as a lagging region in terms of development, inequitable distribution and access to the distribution of the ‘national cake’ especially when the area is compared to the other southern regions within Ghana (Darkwah, 2005).

The inception of long term illness including the HIV/AIDS pandemic creates a worse scenario that exacerbates both the dwindling fortunes of the people’s livelihoods and the attendant transmission of the disease within the study area. In this case, the HDR (2011) reported that Ghana in 2009 had 0.5% rate of HIV infection for males and 1.3% for females whereas for same period in Togo, the prevalence rate was 0.9% for males and 2.2% for females. The HIV/AIDS impacts among the rural people might include indirect deaths,

poverty and food insecurity where households engaged in non-farming socio-economic activities across the border. In addition to trading, people might be looking for assorted jobs to mitigate the vulnerabilities and shocks surfacing in the households.

### **3.4 Research Design**

This chapter draws upon research conducted in the Ghana-Togo border region (in West Africa) between November 2006 and July 2007. The research was funded partially by the Norwegian Students Loan Scheme (Lanekassen) and the University of Sheffield, and served as a basis for exploring the impacts of the HIV/AIDS pandemic on the rural livelihoods of the Ewe ethnic group living within the sampled region across the two countries. Research design is like a framework that aids both collection and analysis of data in research practice (Bryman and Bell, 2007). The research, adopted a sustainable livelihood approach as a framework, as an aid to help understand, explore and investigate the research problem: the opportunities and constraints that different households face, and to identify practical intervention areas based on the views of the research participants (see Wiegers, 2003). Research design is very crucial in a research process as it amounts to a plan or strategy that solicits answers to research questions (Burns, 2000). Thus, the study design involved the collection of both qualitative and quantitative data on individuals, households and communities in the study area and was implemented in three stages.

Firstly, I organised “Community Meetings” at four sites consisting of 15 people each. The aim of these meetings was to collect background information on each study site from concerned citizens, the people who were thought to have a good knowledge of the area, influential people, opinion leaders and concerned citizens in order to contextualise the research. Including people from different professional backgrounds such as Chiefs, Queen-mothers, head-teachers, political leaders, church leaders, farmers, councillors and health-workers would produce cross-cutting ideas or knowledge on trends and impacts of long term illness/HIV/AIDS on livelihoods at the time and earlier.

Secondly, a livelihood survey of 280 respondents was conducted to develop a broad understanding of the dynamics in assets and livelihood strategies of different types of households, in terms of resource endowments, vulnerable individuals and households, and other vital household demographic characteristics such as household size and composition which would aid understanding of rural livelihoods. In addition, information was gathered on

household members who lived abroad, people who crossed borders during their trading activities and those who cared for people suffering from long term illness/HIV/AIDS or orphans. There was also the collection of vital, but less sensitive knowledge through key informant interviews. At each of the four study sites, 70 household heads answered the survey questionnaire.

Thirdly, semi-structured interviews were conducted with 40 household heads or adult members (10 household heads/adults at each study site) to supplement the information collected through the livelihoods survey on households who were included in the 280 respondents.

The fourth approach I used in the data collection was Participant Observation (Kawulich, 2005). I engaged in some of the most important activities both in the households, fields and also at the village level. I observed some important nuances, such as access to assets, assets owned by individuals/households, entitlements, composition and size of households, the existing social capital and the prevailing power relations the rural people termed crucial.

The last method (fifth) used was a search for relevant through a process of Documentary Search and Analysis. This method of finding and reading materials based on the institutional mandates of the relevant state and parastatal organisations as well as other stakeholders is very useful. Through this, the policies derived from both formal and informal institutions and the specific impacts are very critical in health delivery including HIV/AIDS and poverty alleviation strategies. Notable among them was the Ghana AIDS Commission, World Health Organisation, United Nations Population Fund (UNFPA), National Development Planning Commission, the Ministry of Health, Agriculture, Gender, Children and social protection and several NGOs (4). Yin (2003:87) asserted that “For case studies, the most important use of documents is to corroborate and augment evidence from other sources”. The use of relevant Articles/Print Documents can answer many critical questions. Documentary analysis can also include letters, newspapers or websites (Corbetta, 2003). As a result, the objective was to explore and examine contemporary policies that impact the rural livelihoods of long term illness/HIV/AIDS affected households of same ethnic group on either side of Ghana -Togo border.

The study was therefore organised into 5 methodological components involving ‘community meetings’, a livelihoods survey (questionnaire), semi-structured interviews with household heads, participant observation and key informants interviews. In addition, document search and analysis of relevant materials on policies meant to reduce and alleviate poverty in both Ghana and Togo between 1960s and now. Informal conversations (as information) used during the research process can supplement the data collection. Due to the sensitive nature of the topic, data collection at any point in time began with the collection of more general and less sensitive data. The methods were organised in a complementary fashion, with findings of each method informing the process and progress of the others. These are now discussed in greater detail.

### **3.5 “Community” meetings**

‘Community’ meetings were held in each of the study sites as a prelude to the livelihoods survey, a process which had initiated a growing confidence and trust among the respondents. The meetings aimed to firstly to gather background information on each site in order to contextualise the research, and secondly to instigate discussions about the development (evolution and spread) and ostensible impact of long term and chronic illnesses and the HIV/AIDS pandemic on their livelihoods. ‘Participatory’ methods were used alongside the usual interview-based method of the survey.

The key informants; opinion leaders, head-teachers and the District Assemblymen were instrumental in the community meetings. They helped in the identification and selection of people with versatile experience and good knowledge of the local area for participating in these important meetings. The head-teacher, co-teachers and Assemblyman participated actively and their points of view were crucial and cross cutting on the understanding of the HIV/AIDS pandemic on the livelihoods of the people within the sites. Through the livelihoods survey I identified other active members of the communities to participate. Participants were selected to represent a mixed group of men and women, and which included ‘youth’, and people from a cross-section of age groups from eighteen years and above, including active trading men and women.

### 3.6 Livelihoods Survey

In order to collect relevant background information on livelihoods, a survey questionnaire was administered to seventy household heads<sup>28</sup> or the heads of the family at each of the four study sites (70 x 4= 280 households). The survey method is used to obtain baseline data on livelihoods and social networks across the border. It would identify the main characteristics of people living within the study sites. Survey-based methods are still the norm in AIDS-impact studies (Booyesen and Arntz, 2003). There is currently no available information on these settlements, on either the structure of the livelihoods of these rural people, or their HIV sero-prevalence status and households affected by HIV/AIDS, for instance, through long term illnesses and the presence of orphans. Thus the livelihoods survey is an extensive method of finding a great deal of information on the profile of households that inform the extensive study.

The questionnaire consisted of demographic and socioeconomic questions, details of the morbidity and mortality of household members, the asset base, livelihood activities and migration of people across the common border. The questionnaire elicited extensive information on what people do to make a living, the capital assets that exist within the household, resources and the people's entitlements to them, the degree of sustainability of these material and social resources and the extent to which mobility is a function of diversification of livelihood strategies and a factor with long term illness (HIV) would be found. Detail profile information was gathered on household composition, mobility, livelihood diversification and assets, prevailing social capital, the household division of labour and the impacts of national and transnational links in the migration-HIV/AIDS nexus.

Through the survey, information can also be gathered from the household heads to draw lines of similarities and differences between the households in terms of relative wealth, who is poor and has poor and unsustainable livelihoods, comparison between the female and male

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<sup>28</sup> In the study area, the head of household is usually the elderly or adult male, who is referred to as the "afetator" translated into English as the head of the household. The head of household has the responsibility of making all the major decisions that affect members of his household. He can be assisted by the most elderly woman in the household, but his authority tends to be delegated to the first born male due to the patriarchal lineage of the Ewes. The predominance of male-headed household is however changing with the increase in female-headed households.



headed households in terms of gendered power relations, decision taking and accessibilities to resources and their livelihood strategies. The survey also collected information on households with links to either side of the border (Togo & Ghana), households with strong social capital networks abroad and access to resources, education of women and men (human capital), and ownership of land. For the complete survey questionnaire, see Appendix A.

### **3.7 Semi-Structured Interviews**

I conducted semi-structured interviews to complement the questionnaire surveys and to enrich the research process<sup>29</sup> by way of minimizing biases. Generally, qualitative interviewing is defined as a guided conversation in which the researcher carefully listens to the respondent 'so as to hear the meaning' of what is being conveyed. According to Patton (2002), the process allows the researcher to produce a rich, in-depth and varied data set in an informal setting. It allows for a thorough examination of experiences, feelings or opinions that closed questions could never hope to capture (Ibid). Bearing in mind that the semi-structured interview guide would take much more time, I interviewed ten (10) household heads or elderly members of the household in each location, totalling forty respondents for the four study sites. I ensured that those selected were well-informed about the issues being researched, to enable them provide relevant information. I was able to identify and sample these respondents for interviews (research stage two) from the household heads/adult members of households who showed enthusiasm and good understanding in the livelihood survey.

Each interview was conducted using a flexible and open-ended interview guide that listed the main topics and sub-topics to be explored. The main themes of the Interview Guide was as follows:

1. Vulnerabilities and capabilities
2. Gendered power relations
3. Networks in the household and across the border
4. Knowledge of HIV/AIDS, other long term illness and STIs.
5. Open discussion from the participant on the general topics

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<sup>29</sup> An in-depth interview is a dialogue between a skilled interviewer and an interviewee. Its goal is to elicit rich, detailed material that can be used in analysis.

### **3.8 Participant Observation**

Oakley & Mardsen, (1984), Patton (2002:346) define “participant observation as an inductive method of data generation. Patton (2002) suggests that the difference between interviewing and observation is that in observation, one watches as events unfold, whereas with interviews “one gets noseey”. Interviews are self-reports of experiences, opinions and feelings, whereas observation relies on the observer’s ability to interpret what is happening and the reason behind it. According to Maguire (1987:211), observation entails being present in a situation and making a record of one’s impressions of what takes place. Through the participant observation method, I had the opportunity to observe and experience the lived reality of rural life, and also cross-check information obtained in the interviews and participatory meetings with what was observable in households. I also participated in activities both within households and at the village level, such as helping with working on the farm, fetching palm fruits and attending the farm with some elderly women who were household heads. Through this approach I was able to develop a more comprehensive understanding of the context within which rural people live (Oakley & Mardsen, 1984).

During the participant observation I made notes in my field diary of the division of labour within the households, conversations pertaining to the research topic and other relevant discussions that shed more light on the lives of the villagers. According to Patton (2002:346), “the most fundamental advantage of various observational strategies depends on the extent to which the researcher will be a participant in the setting being studied”. The purpose was to increase the quality of the data and decrease the influence of observer bias, thus the researcher took part in all the methods of data collection.

### **3.9 Sampling strategy**

Three samples were identified for the purposes of this study. The first sample relates to interviewees or respondents, (70 x 4 sites) who were household heads asked mostly open-ended livelihood/survey questions, which cover the general socio-economic and demographic characteristics of households, trend and patterns of daily living activities and related issues on the general impacts of the HIV/AIDS on their livelihood activities. The second sample relates to those who were selected from households as either household heads/elder members (10 x 4 sites) of the households who agreed to explain relevant and sensitive themes of the study in detail. The third sample was based on case examples or special household heads (de facto/de

jure heads of both genders) where were 5 in total. This study can be said to be in line with a 1995 UNAIDS-sponsored workshop on the methodology of household impact studies, which recommended that future research involve affected communities, NGOs, CBOs and relevant government bodies in the research process (UNAIDS, 1995) from the onset. The involvement of the community in the HIV/AIDS pandemic emphasised partnerships between the researchers, government and affected communities, thus placing the latter at the centre of policy and programme decisions (Smith, 2004).

The knowledge I gathered in the sites during the scoping visit and during the initial stages of the main research was invaluable in selecting sample households in both Ghana and Togo. I was able to identify the electoral wards used in both countries for conducting parliamentary elections, the census conducted in 2000 in Ghana as well as the projected population figures for Togo<sup>30</sup>. When the wards and enumerated areas were superimposed and the various base maps both in Ghana and Togo were used, I was able to tentatively identify the sample frame, on paper, indicating differences in the household structures, form and land use patterns within the various sites.

With the aid of the sketch maps and through zoning, some features within the settlements became clear. I therefore took different types of transect walks through the rural settlements with the aid of a resource map. I walked diagonally from south-west to north-east, north-west to south-east, west of the settlements through the centre to the east and from the centre to the south and to the north. This enabled me to gather first-hand information through direct observation and interviews with the key informants about the resources and basic services in the community, settlement patterns, housing structures, land use patterns, income-generating activities and livelihood strategies in the communities. Through this process, I also had a better picture of the households that were to be sampled.

### **3.10 Survey Sample**

In each study site, I had to select only 70 households that must reflect adequately and sufficiently the main and relevant characteristics of the total population of each site. This sampling process was carried out at Ave-Havi (Ghana). From the south-west to the centre of

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<sup>30</sup> The last census head count undertaken in Togo was done in 1981, which was over a quarter of a century old at the time of the research in 2007. Estimates and projections were always at the convenience of the government. The upgraded estimates used in the 2005 general elections in Togo were said to be projections based on the 1981 census figures.

the settlement, I used a simple random sampling technique to delineate the households, where each had an equal chance of being chosen, as the houses were all similar in structure and size, showing similar socio-economic well-being or similar income levels. I was later able to demarcate 10 households with this sampling process. From the centre towards the end of the north-east continuum, I used a purposive sampling technique in selecting another ten households. Purposeful sampling is a criterion-based selection in which particular settings, persons or events and area are selected deliberately in order to provide important information for the researcher (Pattons, 2002:46)<sup>31</sup>. I observed that there was often mixed residential location within this part of the settlement as some new buildings replaced, the usual buildings, so I used purposive sampling to make sure these were included. Along the north-west and south-east diagonal, similar housing structures were found as before and so I used both a purposive and simple random technique which also added to twenty (20) households, totalling a selection of forty (40) households.

From the west of the settlement I went through to the centre, and sampled nine (9) households by the use of a stratified sampling technique where a stratum of households that were to be selected were partitioned to obtain the fifteen households needed for the west-east continuum. I used this method when sub-populations within an overall population differ or vary and are isolated or clustered such that each subpopulation is called a stratum and the collection of these seemingly homogeneous subgroups (strata) is sampled and given some proportion so that representation of the total number of households to be selected have equal chances. This process of sampling often improves the representativeness of the sample by reducing sample error. The remaining six households were also selected based on the random sampling giving equal chances to all households to be selected without bias since the houses at this side were all similar in structure and form, indicating the people having both similar economic well-being and livelihood strategies.

Out of the seventy households to be sampled, I had covered fifty-five with this sampling, leaving 15 households to be covered by a transect walk from north to the south. The households from the north, through the centre up to half way towards the south, covered nine sampled households. I realised that the population had many dissimilar households or individuals that differed from each other based on the criteria such as different variables as

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<sup>31</sup> According to Patton (2002:46), the logic and power of purposeful sampling lies in selecting information- rich cases for in-depth study.

income-levels based on the type of houses they had, while literacy level also gave indication of the occupation. I classified households into different occupations or by dividing the population into units with a common variable (farmers, craftsmen, other artisan learning groups, weavers, shop keepers, food vendors) and educational status (comprised teachers, health workers (nurses) and HIV/AIDS counsellors and tax collectors). After the identification process (using the above variables of occupation, education), I then put the households into groups or into a stratum. From each stratum, a separate sample was taken using simple randomisation. After selecting the required sample size, the selected individuals and or elements were then weighted properly to form a combined estimate for the entire sample size.

The purpose of this stratification was to first of all include all the relevant categories for the purpose of the study and also ensure equal representation of those in the sample frame. Through this sampling technique, I was able to locate/select the households that were relevant for the research. I finally used purposive sampling technique to sample the last six households to be selected so as to total the seventy households required for the sample size. From Table 4.1, all the other three sites (Ave-Havi –Ghana, Alawogbee & Batume –Togo) were similar in layout, except Akpokope-Wodome which was slightly different as it had nearly three distinct parts. I therefore repeated the sampling procedure in the two other sites (Alawogbee & Batume in Togo) with varying degrees of adjustment, taking cognisance of the peculiar characteristics of households on the ground.

In the Akpokope –Wodome site in Ghana, the site comprised three ‘separate’ communities namely Akpokope, Batume junction and Wodome, even though they are homogenous, being allfarmers and very physically close. These three communities share common geographical boundaries with each other and perhaps more importantly, the Ho-Aflao-highway is the only barrier between these communities and the communities in neighbouring Togo (Refer to Fig. 3.5/ Map of Akpokope-Wodome). Thus the three sites were combined to represent a single study site with seventy respondents. I used the 2000 Ghana Population census and to compute the total population of the three villages, and proportions for each village were computed from these values for sampling. Thus, the stratification was done based on Akpokope being 2.5 times the size of Batume-junction and the rest was represented by Wodome. This was done to obtain the exact number of households to be selected from each stratum. This proportional value/number was to be selected from each stratum by the use of house numbers.

These numbers were listed and then a systematic sampling technique was used to select these households. In each unit I was able to give an equal chance to each household to be counted. As a rule, I selected the required sample size and added the three unit sizes together to form the final selected sample size. The result was that the sample size of 70 was distributed as follows: Akpokope (45), Batume-junction (18) and Wodome (7). The sampling of the 40 respondents for the semi structured interviews and secondary data collection have been described earlier at the beginning of how sampling was carried out in the village.

### **3.10.1 Advantages of Surveying Respondents face to face**

As a research instrument, interviews are often claimed to be ‘the best’ method of gathering information (Easterby-Smith et al., 1991:72). According to Burgess (1982), the interview allows the researcher to probe deeply to uncover new issues, as well as clear and accurate personal accounts. I found the interviewing method a suitable device for collecting data from rural and illiterate people. After creating confidence and trust among the respondents, the researcher asked questions based on the objectives of the study and received feedback that was provided in a relaxed atmosphere, a situation that aided relevant information to be sought and cross-checked. Through this method of field investigation, the researcher met his respondents face to face and interacted with them. I also had the added advantage of being a resident of the area and speaking the Ewe language. After the questionnaire was formally prepared, pre-tested and the necessary corrections were made, I administered the questionnaire.

### **3.11 Access to Informal /Formal policies**

To gain a more institutional and policy based perspective and specifically to address Objective 3 & 4, interviews and discussions were held with a range of representatives from traditional, governmental agencies and organisations, civil institutions and NGOs, detailed in Table 3.2 below. The researcher, however, gathered some information from NGOs, government interventionist strategies and programmes, District Assemblies (local decentralised bodies that represented the people at the grassroots), and Town and Community Development Groups. I also gathered additional information on key institutions that influenced livelihoods, access to, distribution/ usage of the assets, entitlements and social capital to address objective 1. The majority of formal interviews ended up with the researcher being given literature/pamphlets as the policy makers preferred that I find their mandates and

*modus operandi* in print rather than through talking.

**Table 3.1: Interviews/discussions with Key Informants**

<b>Institution</b>	<b>No. formal Interviews</b>	<b>Informal discussions</b>	<b>Locations</b>
Traditional authority	2	Frequent	Akatsi & Kpetoe (both Ave-Havi, Akpoko-Wodome), Keve (for Alawogbee, Batume)
Local (Fiawo)	2	Several	Alawogbee, Ave-Havi, Akpoko - Wodome & Batume
In-charge of clinics	2	Frequent	Ave-Dakpa, Dzodze & Aflao
School Headmaster	1	-	In all 4 sites
Traditional Healers	1	-	-
Religious leaders	2	-	-
Local Government	2	-	Similar to Local Authority
Regional Aids Coordinator	4	Several	Ho, Lome
Regional Hospitals	2	Frequent	Ho & Tokoe, Lome
Regional Pharmacy	1		Ho
Korle-Bu Fever Unit	3	Frequent	Accra
Ghana AIDS Commission (GAC)	4	Several	Accra
Ministry of Health/AIDS Advisor	2	Frequent	Accra, Lome
Ministry of Agriculture	1	two times	Accra, Lome
Ministry of Women and Children's Affairs	2	Once	Accra, Lome
WHO	3	Frequent	Accra, Lome
UNFPA	1	Frequent	Accra, Lome
NGOs and Service providers	3	Three times	Ho, Aflao, Lome
Catholic Relief Services Secretariat	2	-	Ho, Accra
Voluntary Counselling and Testing.	1	-	2 sites in Ghana, Ho, Aflao, Accra

Data Source: Field Survey, 2007.

From Table 3.2, one can observe that many more interviews or discussions were conducted with the Ghana AIDS Commission (GAC), the Regional AIDS Coordinator and the Korle-Bu Fever Unit<sup>32</sup>, the WHO and the NGOs as well as Service providers. This is due to the relevance of these organisations to the study, which was confirmed by several informal discussions that took place between the researcher and the representative or informants at the facility. See Table 3.2 under columns for number of formal interviews and informal discussions. The interviews were meant to elicit information on how government agencies, bodies working on HIV/AIDS and NGOs have been aware of the impacts of HIV/AIDS (in general and specifically in the study area) and their involvement in the existing and potential HIV/AIDS prevention and mitigation interventions, and relevant booklets, pamphlets and brochures were given to complement data for the study.

### **3.12 Preparations for Research**

Prior to my departure for the research field, preliminary preparations were undertaken to ensure that the field work would proceed successfully. I spent about 3 months designing the questionnaires and guides for the semi-structured interviews in the University of Sheffield, UK. I developed a work plan and a time-table of how I would proceed with the research. I also made arrangements in Ghana and Togo for meetings with stakeholders such as the Ministry of Health, Agriculture, Women and Children's Ministry, The Ghana National AIDS Commission, the WHO and the Fever Unit of Korle Bu<sup>33</sup> where HIV affected people were screened. I also made arrangements with other stakeholders such as UNFPA representatives in both Ghana and Togo, IMF/World Bank representatives and the Historical Archives of Ghana and Togo in preparation for the study.

I started the recruitment of a research translator from Togo<sup>34</sup> which I completed when I reached Africa. I had some affiliation with the Department of Geography and Resource Development at the University of Ghana in case I required assistance for internet services and academic materials. Arrangements for accommodation at the sites and transportation were also finalised upon my arrival at the study area. Almost all essential documentation, including

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<sup>32</sup> The Fever Unit of this Teaching Hospital (Korle Bu) screens people infected with HIV/AIDS and also distributes Anti-Retroviral Drugs among the people identified as living with HIV/AIDS (PLHA) in the city of Accra and nearby.

<sup>33</sup> Korlebu Hospital was built by the British Government in 1919 and is the highest referral and largest Hospital in Ghana.

<sup>34</sup> The Translator I chose was a medical student at the University of Lome, Togo.



letters of introduction, without which I would not be taken seriously as a researcher, were all arranged for me by the University of Sheffield via my supervisors. Before finally moving into the field, I ensured that instruments and other interviewing materials and logistics for the field work were ready. Thus having completed the necessary preparations, I went to Ghana on the 2<sup>nd</sup> November 2006.

### **3.13 Community Entry and Interaction**

Through a social network of friends and people who hailed from some of the study sites but who resided in Accra at the time of the study, I was able to “gain entry” into the ‘region’<sup>35</sup>. During a meeting I had with these people in Accra, at which my interpreter was present, I was able to discuss my study and the purpose of it, after which they gave me other new contacts who were both in the villages and in the city. After having gained access to contacts in the villages, I also needed to gain the trust of the villagers in order to undertake the research. It was important for me to become acquainted with at least one influential member or “gatekeeper” who lived in each village, who could serve as my initial contact person. In order to assist me and my interpreter who would assist me at the Togo sites, my contacts in Accra introduced us to a few other members of their families resident in Ave-Havi, Akpokope-Wodome, Alawogbee and Kpetoe<sup>36</sup> who were well-respected community leaders and “gatekeepers.”

These people in turn introduced us to other community leaders, especially in the Ghana sites of which a teacher and a District Assemblyman<sup>37</sup> were note-worthy. They made credible contacts and elicited the participation of community members during the initial phase of the study, when we realized that people were more open and welcoming whenever any of them accompanied me on the research trips. I took the process of community entry very seriously because I was cognisant of the fact that as members of the research team (myself and the French translator), we were not part of the study area/communities and would, therefore, be

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<sup>35</sup> I denote the study area as a region or an entity for easy identification and reference. By referring to this delineated place as ‘region’ I imply the area, or, province that I sampled out of both Ghana and Togo for the purposes of this study. Part of the study area falls into Ghana side of the border called the Volta Region. It is important to differentiate the study area (region) from the Volta Region, as the former contains only part of the latter and the two entities could mean different things at the same time.

<sup>36</sup> I acquired contacts for Batume site from relatives of the Kpetoe social network I had met earlier in Accra.

<sup>37</sup> The District Assembly system of representation replaced the Local Authority system in 1988. This form of political representation of the people has become a cardinal part of devolution of power contained in the 1992 Constitution of Ghana. He is the intermediary figure, who represented the views of the Ave-Havi local area to government and vice versa. He was a very popular and social person who participated in the meetings of the local assembly and other programmes that hinged on development issues of this area.

considered “outsiders”<sup>38</sup> (Kanellos and Fabligat 1994).

We met with the community leader or the Assemblyman, and he introduced us to other community leaders and arranged meetings for us with the chiefs and elders of the four villages in turn. Our first meeting with the community leaders happened through the efforts of the community gatekeeper or the Assemblyman at Ave-Havi. It was important to meet with the chiefs, and elders of the villages to obtain their permission and to also be introduced to their communities<sup>39</sup>. I presented drinks to the chiefs, usually two bottles of alcoholic beverage as tradition demands, after which we exchanged greetings, and discussed the objectives of the research. The chiefs and elders presented a detailed portrait of the socio-economic situation in the area with a great deal of insight.

After having received the approval of the chiefs and elders of the four villages, I lived among the villagers, in order to immerse myself in the life of the villages. I adopted a flexible mind-set and approach, and this was very essential in making the research successful. For example, prior to the trip to Ghana and Togo, and en route to the study area, I thought it would be more feasible to administer all the varied methods of data collection simultaneously in one village before moving to the next village. However, being on the ground, it became clear that it was more feasible to complete one research instrument in all four villages before moving on to the next research method.

This method was more efficient, as it enabled me to remain focused on the research method that was being administered at a particular point in time. Since the research lasted for nine months, I was concerned about “research fatigue” on the part of the villagers. I felt they might get tired of seeing me around all the time and might want their space. As a result I made an arrangement whereby we stayed in the village and worked from Monday to Friday, and returned to Accra or Dzodze, each weekend. This arrangement provided both the researcher and villagers a break from the research process.

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<sup>38</sup> I was aware of the fact that although I am a Ghanaian and can speak the Ewe language very well, my dialect was slightly different from the Ave dialect spoken in most part of the study area. I do not come from the Ave-Ave, Kpetoe and Dzolo (Togo) Districts or the research communities, and was therefore considered an “outsider” by the villagers.

<sup>39</sup> In both Togo and Ghana, culture demands that one presents at least two bottles of alcoholic beverages such as schnapps or gin at times whisky to the chief during a visit, as a sign of courtesy and reverence for their position. With the assistance of the Assemblyman and other gate-keepers I presented these drinks at each meeting we had with the chiefs and elders of the four villages.

### **3.14 Administration of Questionnaire**

After establishing the needed trust, confidence and legitimacy in order to ensure open participation, I started the interview process by first expressing my utmost thanks and appreciation to the interviewees for their time and support. Respondents and informants were assured of the strict confidentiality of responses and any other information provided. The interviewees were also informed of the objectives of the. I made it known that the general and aggregated findings will be reported as part of a PhD thesis for the study. Interviewees were asked if they had any issues they would like clarified before the commencement of the interviews. It must be emphasised that questions posed to interviewees were responded to in a clearly understood manner, an indication of the success of the pilot study which led to thorough discussion and review of the questionnaire prior to interviews. The interviews were tape recorded. In all, a total of 280 questionnaires were administered during the study, that is, 70 questionnaires per site.

During the interview process, the respondents were allowed to exercise their right to decide either to continue or not. A few respondents were reluctant to discuss sensitive and emotional issues, and a few respondents chose to exercise control over the interview process during the more sensitive discussions on illness and death by not answering certain questions. Interestingly, these same people volunteered to answer the sensitive questions later, due to rapport built during the interview process. Discussion on the composition and the structure of the households and of non-residential members as well as the relationships existing between them was lively. All the interviews were taped and later transcribed, except those of the state organisations/para-statal that provided their latest booklets/pamphlets which covered the themes I requested.

### **3.15 Data Coding and Analysis**

According to Bodgan and Biklen (1982: 145) data analysis involves “working with data, organising it, breaking it into manageable units, synthesising it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others”. Three levels of data analysis were used for the quantitative data. The first comprised the production of a code book for all the closed-ended questionnaire responses. All the responses from the questionnaire were then coded by hand with appropriate numbers or codes. The second level comprised entering the closed-ended questionnaire responses into the

Statistical Packages for Social Sciences (SPSS) data file. At the third stage/level of analysis, all responses entered into the SPSS data file were analysed. During the first phase of computation, descriptive statistics including frequency distribution, means and standard deviations which are relevant to addressing the research question of this study were computed.

Cross-tabulations were run on demographic variables for example, gender, household size/composition or site of study and to determine associations between countries and key variables studied. The chi-square test was used to assess the bivariate relationship between each factor as well as for differences in proportions and for other categorical variables. The Fisher's exact test was used when minimum expected frequencies were less than 5 in a 2×2 table. Where the data are continuous but are non-parametric the *Mann Whitney U* tests were used in place of the *t* test. As a nonparametric technique for data analysis, Mann Whitney U test is based on the rank-order of data and is therefore less influenced by outliers than the *t*-test (Rorden et al., 2007). In situations where data from one of the groups exhibits a skewed distribution, the Mann Whitney U test can be more robust (Rorden et al., 2007). The objective of the non-parametric Mann Whitney U test is to ascertain whether there were any significant differences in the spread of the HIV/AIDS among the communities and across the Ghana-Togo border. All statistical tests were 2 tailed, and a = .05 or less, was considered statistically significant.

With the help of the translator, especially in the Togo sites, all taped interviews and community meetings were transcribed during the fieldwork, often by hand whilst in the study settlements. It aided continuous preliminary analysis, cross checking of information and ongoing feedback into the research process. Coding and analysis of data in this research is based principally on widely used methods of grounded theory (Glaser & Strauss, 1967) the aim of which was to uncover emerging trends and patterns from the data rather than test pre-existing hypotheses (Strauss and Corbin, 1997). Coding comprised a large share of data analysis and the themes that emerged during this process provide the foundations of Chapters 5 to 8. It also helped to draw relations between emerging issues of relevance and crosscutting themes. Coding is associated with risks, for example cutting data into bits and putting it out of context can alter the intended course, outline as well as the sense (Crang, 2001; Kitchen and Tate, 2000).

### 3.16 Definitions

A few important concepts became common issues related to long term illness or HIV/AIDS impacts on the livelihoods of the rural people (Ewes) on the Ghana-Togo border. In order to have a clear-cut and coherent understanding, especially when different language(s) were involved, the same meanings must be associated with key and technical words. Thus, from the beginning of the fieldwork, it was crucial to define and agree upon key concepts. The key concepts (dependent and independent variables) are as follows

a. Households.

As an essential unit of analysis for this study, it was important to define what was meant locally by the 'household'. While households are usually defined as a unit of residence and/or units of production and consumption (Blaikie et al., 1994; Sen, 1984) and are often organised by kinship ties (Kabeer, 1999), clarification at the study sites was not easy and direct. A man and a woman usually formed a household within the study area at the time of marriage. They could stay in a compound house with other family members (usually at the man's home) until they have their own dwelling place.

A 'household' was therefore viewed as a unit of production and consumption, where members within households create and share in the rural ecology, and also as a unit of acquisition when people work to acquire assets and other resources with which they could help look after the young, old and needy. In this study, I defined household as that basic social unit that stays both under same roof, share the daily chores of taking care of each other, either with or without children and who have also plans for production and consumption of farm produce. A household does not necessarily mean household members must carry out homogenous socio-economic activities. Frequent changes of the in the structure and composition of household dynamics due to unforeseen circumstances<sup>40</sup>, makes long term planning rather difficult. This dynamism of households needs to be recognised throughout the study.

b. Livelihoods as defined in chapter two, and in the literature, Chambers and Conway (1992) maintains that a Rural Livelihood is one "that comprises the capabilities, assets both material and social resources and activities required for a

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<sup>40</sup> Death, migration or children becoming adults and leaving , can make the household a fluid unit.

means of living. And in addition, Ellis and Allison, (2004:3) maintain “livelihood attempts to capture not just what people do in order to make a living, but the resources that provide them with the capability to build a satisfactory living, the risk factors that they must consider in managing their resources”.

- c. The HIV/AIDS/Long term illness have their definition based on the following criteria:
  - i. Based on the respondents identification that the ailment was HIV/AIDS
  - ii. Based on respondents description of a long term illness with symptoms of HIV, using the most current list of HIV defining conditions outlined by Centres for Disease Control (CDC), such as a prolonged diarrhoea; unexplained weight loss, night sweats, oral candidiasis, or oral thrush, candidiasis, kaposi-sarcoma, TB, wasting syndrome and others.

It is important to understand a few arbitrary terminologies used herein, although they are not directly connected with HIV/AIDS but to capture the understanding of the rural terminologies as they would be referred to as someone infected with HIV or ill, such as a child, youth and young adult or who fell out of school due to impact of HIV/AIDS. These are as follows:

- a. A child is one who is between 6 and 12 years of age. A child is often sent to Primary one when he or she is 6 years old.
- b. Youth is someone between 13-17 years and who enters the junior secondary school .
- c. Young Adult is a person who is about 18-25 years old who could take independent decisions as he is a student of higher school. He can either come back home after school or travel elsewhere in search of jobs and is of marriageable age.
- d. Adult is a person who is between 30 and 60 years of age.
- e. Older person is one who is elderly and often above 66 years of age. It is the age which coincides with retirement and pension entitlement.

### **3.17 My Positionality and Reflexivity**

In the study of HIV/AIDS, the researcher was to a large extent outside the phenomenon of the people who were either affected or inflicted by the illness. I could not assume what the HIV status or the reality of the phenomenon on the ground was, as that assumption would be heavily laden with prejudices and would only comprise the imagination of the researcher and

could introduce bias into the research process. This also meant that the researcher's knowledge would be dependent upon observation and critical measurement of the phenomenon to give credibility to the research.

Although I come from the study area, I had to depend on the respondents for responses that would constitute the main material for the study and so doing obviate biases in the study. I understood sensitive research of this nature, demanded respect and trust from both the researcher and the objects of the research. The researcher undertook part time work at a Mental Hospital in Norway between 2003-2004, where some patients were alleged to have been suffering from Hepatitis C and HIV. I observed mechanisms put in place to mitigate these ailments from spreading among the population, and also to curb the associated stigma and boost the morale of the people inflicted and affected. As is often said, experience was and still is, the best 'master' as it made the researcher understand the answers given by both the respondents and discussions that emanated from the informants. The following section explores the research experience and the process through which data was collected and interpreted.

To a great extent, my background (the researcher's) in terms of experience, understanding of the nature of the problem, my understanding of the research objects' meaning, and my values and ability of assessing the phenomena to be researched, determined the paradigm preference, and the associated research methodologies.

My gender, as a male researcher, had a compelling meaning within the study area. The study area was a male dominated society. The social construction of males within the study area is as a 'powerful' person who is both a bread winner and provider to his household. Such a male was a success if they had thriving farm(s) and other livelihoods. Such a male should have the wherewithal to support and donate to the needy. The male was observed to traditionally have a lot more power in the decision making process over his female counterparts. Furthermore, certain questions could not be asked by the opposite sex. For example, I could not ask a woman I did not know well the following question 'Do you have a husband?', as it might be misconstrued. I solved this problem by asking similar questions towards the end of the interview.

Unfortunately, there were sizable differences in my mental attitude towards gender issues which coincide with what has been described by Cleaver (2002) as "equalizing" mechanisms. As a Ghanaian male who had travelled and stayed a great deal in Europe (over 20 years) my

perceptions have undergone dynamic changes from the old ‘stereotyping’ to what Cleaver (2002:2) described as “women can only become empowered by men giving up power”. As a Ghanaian male but as someone who has seen how the institutions in the developed world created power parity between the genders, has believed in the importance and equality of power between the genders without which soliciting across board information can create potential conflict.

As a researcher from the study area, I was influenced by a deep understanding of the cultural values and norms and had to behave as one of the research participants, showing respect to all, especially those older than I am. I could not make certain mistakes that could be made by people not hailing from the sampled region. Behaving in the same manner as one of the research objects or respondents created a lot of goodwill and rapport that was highly important for the research process, as respondents had to spend a significant amount of time answering my questionnaire and interviews. Furthermore, the way I approached a male household member was different from the way I approached the female counterparts, especially females that were younger.

From my earliest research encounters, I realised that people’s oral accounts of their lives and experiences were based on both factual representations and their “construction” of reality (Abu-Lughod, 1993). The way both men and women represented themselves related to expectations they had of me as a development researcher and a man. As a Ghanaian man living in the Diaspora, residents of the study sites assumed that I was well-educated, and, therefore, wealthy and capable of mobilizing resources and institutional support for the villages. I was regarded as someone who could aid education of their children, the youth and who possibly would be taken as a role model. Chiefs and opinion leaders often asked my candid opinion on environmental issues and general development as regards to the situation in the developed world. To members of the four communities, the combined identity of being a “foreigner” and a researcher implied that my work had a “development” agenda. As a result they expected me to obtain some government funding for women to trade and to purchase agricultural inputs for the men. I explained how the research findings will be used and emphasised my position as a student, and not a worker and they understood this explanation.

My exposure to other cultures, especially the western culture that I had lived with, for nearly half of my life, influenced me a great deal with regards to the dynamics of cultures. My



timeliness and respect for appointments, a norm in the developed world, was not exhibited by my research objects. This situation affected my initial programmes and appointments with my research subjects. I have been influenced by two worlds and I reacted to some situations with an ambivalent attitude. I sometimes forgot that I was dealing with people in a typical rural setting, whose attitude towards life in general and notion of time in particular, was more flexible. I quickly adjusted to the situation our rapport went on smoothly. Reaction to poverty by the researcher was often with compassion and thorough appreciation of the efforts of the rural poor and concern for the inability of governments of the region studied to deliver on their promises that can ameliorate the wellbeing of the people. The research made the researcher's own responses and experiences seem extraordinary in everyday normal occurrences.

In spite of this, the researcher could not become self-indulgent as he was aware that the views of the research subjects were the main ideas and the core of the study. Besides, the researcher never had all the experiences of the respondents, such as family members being affected or dying of long term illness/HIV/AIDS. My experiences, however, affected the research in many positive ways, yet the question of how to monitor or account for the ways my values, beliefs, culture and physical limitations could affect the process and quality of the data was always a concern both at the beginning and towards the end of the research. Sometimes my research objects thought I could help influence government policies in their favour. I emphasised that I was only a PhD student studying on the HIV/AIDS impact on their daily activities, and could only highlight their problems further on to policy makers later.

### **3.18 Ethical Considerations**

As a requirement of the University of Sheffield coupled with the very sensitive nature of the theme of my study, clearance from the University Ethics Committee was sought before I left for field work. Before I gained access to the settlements, permission was required at a number of levels within the two countries (Togo and Ghana). In the Republic of Togo, the research was conducted with a research visa from the Ministry of Interior and Maritime Regional Minister. This was aided by assistance given by the Minister of Health (de sante), The National Hospital at Tokoe, UNFPA & WHO offices and the District Chief Executive at Keve (in charge of Alawogbee and Batume) and seat of Paramount chiefs at Dzolo and Assanou (for Alawogbee and Batume respectively). Permission was also gained from the Regional Minister of the Volta Region, District Chief Executives at Akatsi and Adaklu-

Kpetoe (in charge of Ave-Havi and Akpokope- Wodome) and each of the four traditional authorities within the sites located in the two respective administrative regions. At settlement level, permission was gained from the *Dumefiaga* (local chief in charge) and then from the individual or household members interviewed.

Each participant was assured of confidentiality and anonymity. All names used in this study are therefore pseudonyms. Participants in this study were informed that participation was entirely voluntary, that they were at liberty to opt out of the study at any time and refusal to take part or complete the questionnaire would not jeopardize the participant's schooling or stay in the community. I tried to be honest and transparent about the purpose of the study. Each participant was given a verbal explanation of a letter outlining the purpose of the research. In addition I ensured that community members understood the implications of their involvement before giving their consent to participate.

I was abundantly aware of the ethics of the research and the heavy responsibility it placed on me to try my utmost best to ensure that throughout the fieldwork, I acted very responsibly, especially taking cognisance of critical issues such as consent, sensitivity, confidentiality, exploitation and ultimately that I did no harm directly or indirectly to the participants of the research. According to Maguire (1987), one of the building blocks of participatory research is the need to respect and be accountable to the people of the community where the research is carried out. There were many ways this was interpreted during the study. It included respect for societal and cultural values, as well as the perceptions and behaviour of women, men and children, even in situations where there were personal disagreements with the ideas expressed.

This respect is based on the assumption that the people are knowledgeable about their situation and that whatever interpretation they have of their lives makes sense to them. According to Gottfried (1996), research participants are conscious of what would be useful in changing their lives. Our goal as researcher is to explore and facilitate the process of acquiring this knowledge. Respect and accountability was also interpreted to mean the inclusion of as many women as possible in the study as subjects. This was particularly important because the research was conducted in a patriarchal cultural context. Since male views tend to dominate all public gatherings in the research area, I included as many women as possible in the study in order to obtain a balanced male-female perspective.

The chiefs and elders wanted to know whether the research will yield some development benefits<sup>41</sup> for the villages. As a researcher, it was important for me to be honest about my ability or inability to meet these demands. I explained that I was a student and was doing the research for my PhD dissertation, and informed them explicitly that I was not in a position to offer them any development benefits. Nonetheless, I felt powerless listening to the wishes of the chiefs. Although I emphasised that the research was only for a dissertation, the chiefs and elders expressed certain wishes and desires to be fulfilled one day by policy makers who might be impressed with the findings of the study. Their request for assisting the villages took view of the challenges faced daily with basic infrastructure such as water, sanitation, a clinic and good schools.

### **3.19 Strengths and Limitations of Research**

All empirical research no doubt has certain inherent limitations – and that also applies to this study. Undertaking empirical research will always be a balance between dilemmas, *ceteris paribus* (McGraph, 1982). Indeed, McGraph (1982:74) maintains “it is always desirable to maximize generalisability, precision, and realism, but “*ceteris is never paribus* in the world of research”. Validity and reliability are two cardinal factors which a researcher should be concerned about when designing a study, analysing results and judging the quality of the study. According to Silverman (2005:221) the researcher should show his/her audience the procedures he/she has used to ensure that the research methods are reliable and that the conclusions drawn are valid. In any critical research process, validity is used to indicate that the research findings are sound, well grounded, justifiable or logically ordered.

In pilot testing the questionnaire, content validity was addressed in the questionnaire by ensuring that all relevant key areas identified in the detailed review of the literature on HIV/AIDS and livelihoods, and other publications dealing with poverty and migration were included. Construct validity was addressed by ensuring that most of the items in the questionnaire were based on theories or the literature. Validity was addressed by ensuring that the questions were relevant, reasonable, unambiguous and were clear in a way that they

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<sup>41</sup> I received information and asked a question about how previous researchers who came into the village, promised to offer them some compensation and got the cooperation of the villagers, left without giving anything back and never returned to the village. This negative situation explained the villagers’ initial attitude of scepticism and probably reluctance to cooperate with me. In the rural areas, people feel obligated to welcome guests so the linkage I had to the popular Assemblyman as “his guest” and the early good will I had from the chiefs gave me and my translator more community acceptance and encouraged people’s participation in the research.

would measure what they were supposed to measure.

The strength of this study is manifested in the following:

1. The researcher used 5 complementary data collection methods: questionnaire survey; community participatory meetings; semi-structured interviews; participant observation; interviews of case examples of household types.
2. In-depth interviews with formal and informal institutions and NGOs and use of informal conversation to support and check one method's validity.
3. The researcher knows the language and interviewed the participants in the local language which is Ewe. So there was no need for translation and back translation. This is consistent with what Miles and Crush (1993) meant when they asserted that translation for the convenience of the researcher has a higher chance of distorting and misrepresenting the informant's cultural reality. Since there was no language barrier, it aided easy access to the community and the sites.
4. There was an adequate sample size that can be said to be representative of the whole population.
5. The combination of methods proved to be very fruitful during the field work. For example, information gathered from participant observation helped me to cross check information I got through the interviews. Furthermore, the information provided by the heads of households was verified through interviews I collected from the case examples of household heads and in other cases, the District Assemblyman and Headmasters who have good deal of information on the sites.

The researcher managed to ensure reliability in this study, which was crucial in order to examine the trustworthiness of my ability and commitment to the research methodology as well as the data obtained. According to Patton (2002:561) the researcher's ability and skill in any research also impacts on the reliability and the validity of a study. Some of the factors affecting the reliability of research are the wording of questions, the physical setting, the respondents' mood and the nature of interaction.

Although I had no control over the physical setting, I ensured that participants were in a responsive mood, and rescheduled meetings whenever we felt that they were too tired from farm work, too busy with their household chores or that the children in the household wanted their attention. Furthermore, I also dressed down to the level of the villagers as I understood

the cultural dimension and perspectives. This gesture proved useful in removing any possible psychological gap between the researcher and the villagers. The general information collected on the household profiles during the questionnaire survey stage gave me a prior picture about the respondents before they were interviewed. It also minimised errors and improved the reliability of the research findings as I could cross check information. This approach was also important in developing a good and an effective working rapport.

For the study to be statistically representative of Ghana and Togo, a substantial sample should have been selected from all districts along the borders of these two countries. Thus, given that long term illness/HIV/AIDS exists in all districts and impacts the livelihood activities in one way or the other coupled with the fact that these people trade across the borders and even migrate, this has certain implications in the context of HIV/AIDS. The question one could raise is why the researcher chose to focus on just this small area or region. First of all, the purpose of the study did not necessitate such a venture. This research makes predominant use of mixed methodology, which utilizes the strengths of both qualitative and quantitative approaches to analyse data. It means that whether there is a large volume of data or not, any of the methods could be used to analyse it. It was possible to achieve the research goal without necessarily utilising a broader sample of the population, and the reliability of the research is equally evident in the findings, which pointed to a high level of similarity in people's experience within the research areas. In order to be able to capture these social realities in depth, it was useful to concentrate on a specific community of people rather than an aggregate of communities.

### **3.19.1 Limitations of the Study**

All research due to human imperfections, therefore have their weaknesses. This research has its own limitations as well.

1. It was likely that classification in determining that the person died of HIV/AIDS may suffer from some misclassification because symptoms used to determine if the person died of HIV/AIDS do not necessarily mean the person has HIV/AIDS. The only concrete method of determining if the person was infected with HIV/AIDS would be from a HIV test which could not have been done because the people were already deceased.
2. There were too many questions on the survey questionnaire which made the respondents feel tired.

3. If the questions were considered to be too detailed, it could make the respondents too cautious and they therefore might not communicate all relevant information.
4. The colonial legacy at first did not immediately seem to pair up with the impacts of the HIV/AIDS pandemic on the livelihoods within the region of study.
5. The gender influence in favour of males might lead to overrepresentation of certain male assumptions.

### **3.20 Summary and conclusions**

The study has utilised a multi-methods approach in order to address the research objectives. Three stages of fieldwork which comprised of six processes were carried out, starting with the collection of more general and less sensitive data. This facilitated increased understanding of the issues involved in this research and enabled a level of trust and confidentiality needed to be established before undertaking the more in-depth and sensitive research in Stage 3. The main methods used were; a structured survey, 'community' meetings, semi-structured and participant observation. In addition, I selected case examples of household types in which I used an interview method, probing into the household characteristics, demographic and sensitive issues of long term illness/HIV/AIDS, bereavement and the impact of the HIV/AIDS pandemic on the livelihoods of the respective households. This was complemented by a literature review with emphasis on the theoretical framework.

The chapter that follows contributes to the achievement of objective 1 by examining the household and livelihood characteristics of the sample population, as well as the links between the Ghana-Togo border.

## **CHAPTER FOUR: HOUSEHOLD LIVELIHOODS**

### **4.1 Introduction**

This chapter will begin by examining the household characteristics of the sample population, by way of setting the scene for a more detailed analysis of household livelihood characteristics, as well as the links between Ghana and Togo. The analysis is based on field research, involving a sample survey and semi-structured interviews which were undertaken in Ghana and Togo between November 2006 and June 2007. The rationale for identifying household livelihoods at the outset is that household headship and composition has been found to be important in understanding livelihoods, vulnerability and the impacts of HIV/AIDS. Deere et al., (2010) argue, however, that headship and household-level for measuring poverty has not been complete without taking due analysis of the comparative position of men and women within households where adults belonging to both sexes are found. See for example (Madhavan & Schatz, 2007; Barnett & Whiteside, 2002, 2000; Loewenson & Whiteside, 2001; Ellis, 2000). This will be explored in subsequent chapters.

For the purpose of this research, the household is defined as “a person or group of persons who live together in the same house or compound, share the same house-keeping arrangements and are catered for as one unit” (Ghana Statistical Service, 2005:2). From this definition, the study has interpreted households as people living in the same place and having a common provision of food and necessities for living, irrespective of size and relationship. A household's livelihood or choice of productive daily ventures, depends on access to livelihood resources (Ellis, 2000, Scoones, 1998, Sen, 1981). Owing to differences in livelihood assets, households try to develop capabilities in dealing with the challenges in the form of risks, shocks and uncertainties that threaten their livelihood activities.

It is therefore argued that, no two individuals or households have the same resources or needs to be met (Murray, 1998; Wilk, and Netting, 1984). It is equally difficult to decide how to practically allocate resources so as to enable households to adopt strategies which make the most of what they have. These strategies are based upon vital decisions of resource allocation and the utilisation of their own resources, such as the household's labour being effectively used to meet the aims and aspirations, the reproduction of the family unit and well-being of the people. The following sections first examine the characteristics of households before investigating livelihoods in the four study sites.

## 4.2 Household Heads

In the survey, each household was asked to nominate a household head, who could be male or female (See Table 4.1). The head of a household is defined as the person in the household recognized as such by other household members. His/her duty is first and foremost to see to the smooth running and maintenance of the household as one unit. The household head is therefore responsible for the management and upkeep of the 'house' and the household members. All relationships are defined with reference to the usual or 'de jure' head or the temporary or 'de facto' head. These terms are of particular relevance to the study and therefore need further clarification as they have certain implications for livelihood activities, for example the literature says that female heads are more likely to face poverty (See for example Klasen et al., 2011; Bastos et al., 2009; Chant, 2008; Budowski et al, 2002). De facto types of female headed households (FHH) found in both Ghana and Togo exhibit similar characteristics. De facto female headed households (FHH) are those households where the usual head of household is away, or where the spouses/husbands live abroad or outside their settlements, for example, staying in Accra. Another type of female household head (FHH), which is of much importance, is referred to as de jure. This usually occurs as a result of separation/divorce of women from their husbands. Sudden deaths of spouses also bring about a de jure female household head. In all cases, the de jure type of household is mainly a single parent, except when they enter into a union with another male counterpart for some period of time. (See Buvinić and Gupta, 1997; Chant, 1997).

These female heads are able to take charge by proxy, and are often in direct contact with their spouses or household heads, or their spouses visit home at least once a year. Though the female heads were recognised under the de facto arrangements, they were in actual fact found to be serving the interest of their spouses/ husbands or senior male householder. Deere et al., (2010) maintain that de facto female headed households are households where the principal male is temporarily away and that de facto female heads are often more likely to receive remittances from both internal or international migrants. This situation explains why headship alone might not necessarily result in detailed and objective explanations of poverty indicators as far as differences between male and female-headed households are concerned. At times, the husbands had other wives who stayed with them outside the settlements. In spite of this, de facto female household heads are trusted wives of their spouses, who initiate viable projects and programmes on behalf of their husbands, either with or without the support of



their husband's relatives. Sometimes some of the children and/or other family members such as close relatives of the husband stay in the same household.

**Table 4.1: Gender of Household Heads**

Country of Respondent	Household Head	Number	Percentage (%)
<b>Ghana</b>	Male	92	65.7
	Female	48	34.3
	Total	140	100.0
<b>Togo</b>	Male	93	66.4
	Female	47	33.6
	Total	140	100.0
Total for Both Countries	Male	185	66.1
	Female	95	33.9

Data Source: Field Survey, 2007.

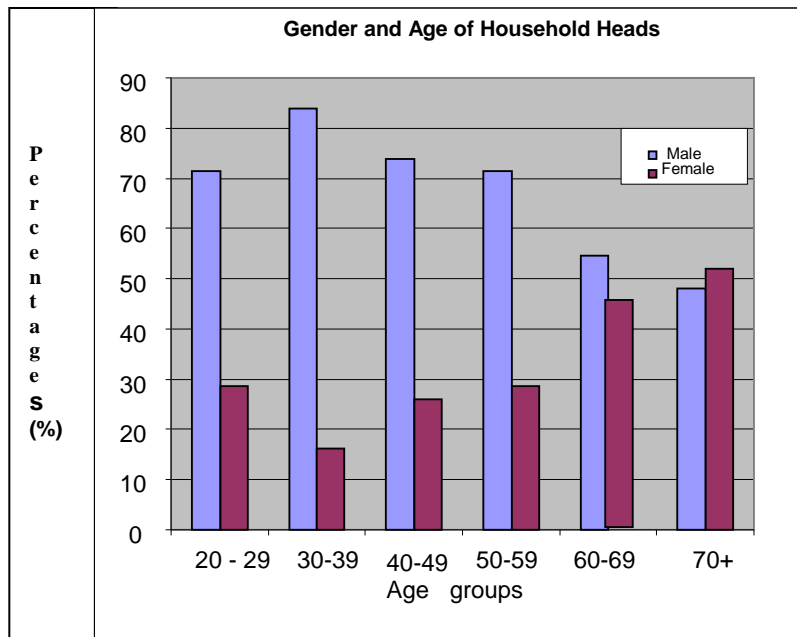
Table 4.1 shows that out of the total number of household heads (280), 34% were female headed households. There was no significant difference in headship by gender between the two countries. This picture reflects a scenario of male dominance with regard to power relations as well as access to resources within the household domain (Kabeer, 1997, 2000, Beck & Nesmith, 2001). Among male headed households in both countries, the eldest son is often selected as the household head upon the death of the father, or due to ill health or old age. There are exceptions to this rule, for example, the next oldest will usually assume the role of household head (HH), if oldest son is of ill-health or where the eldest works outside his community. It was observed that while the youngest sons were often sent to school, the eldest usually helped their parents on the farms and in other livelihood activities to support the household. Other siblings who perform well at school often travel for further studies and remain in the urban or peri-urban areas looking for jobs after their education. It was also found that some of the siblings, upon coming of age or having their own families, left their original household. It should be remembered that ownership of property is passed on from father to son through a patrilineal system of inheritance and not by the practice of matrilineal inheritance<sup>42</sup>. A man who was in his late 50s, suggested how important the man was for entitlement of household resources and how the system of patriarchy was practised:

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<sup>42</sup> In some other parts of Ghana, the system of inheritance is matrilineal in which case a man's heir is not his own child but rather his sister's son. See La Ferrara, 2007).

*“It is the male gender that has more entitlement to the household resources. In our society the man is the custodian of the family property because we practice patrilineal inheritance. That is why we have more of men who have been to school than women in this village.” (F, Age 58, Batume, Togo).*

**Figure 4.1: Gender and Age of Household Heads in Ghana and Togo**



Data Source: Field Survey, 2007.

It can be observed from Figure 4.1 that among the female group the older one becomes, the more likely she would become the household head; even though more female household heads are found under 20-29 than the 30-39 year group. Women are more likely to head households due to ageing. In addition, the age/sex pattern suggests that more females are living longer than males, particularly at very old ages in the study area (See Bledsoe and Banja, 2002; Lloyd-Sherlock, 2000c; Kalasa, 2001; Barrientos & Lloyd-Sherlock, 2002; Vos et al., 2009). These women are said to have more life experience, not only in their households, but also within the larger community, as well as undertake responsibilities<sup>43</sup> towards their children and grandchildren nearby. The female household heads (FHHs) will be explored in greater detail in section 4.4, as FHHs have been found to be susceptible to livelihood shocks and stresses (See Moser, 1998; Devereux, 2002).

<sup>43</sup> Grandmothers serve as support for their grandchildren. They assist in taking care of children of their offspring and serve as role models for both their daughters and granddaughters. They act not only in advisory capacities but also in conflict resolution, using their experience on the issues to be addressed.

### 4.3 Age of household head

From Figure 4.2, it can be observed that more than 50% of the household heads (HH) were aged over 50 years. In Ghana and Togo, however, the modal class age for the household heads was 40-49 years. Most people were expected to marry before this age, and had begun to raise their children, build their own houses and possessed a maize barn or *ebliva* in the local language. To have a maize/corn barn means in both countries that one has a stock of food to rely on during scarcity. It serves as a security measure and is also associated with status. In addition, they are expected to have extra money from the sale of livestock and other livelihood activities. Therefore, people of this age can be termed as the ‘life-wire’ or lynchpin of their households.

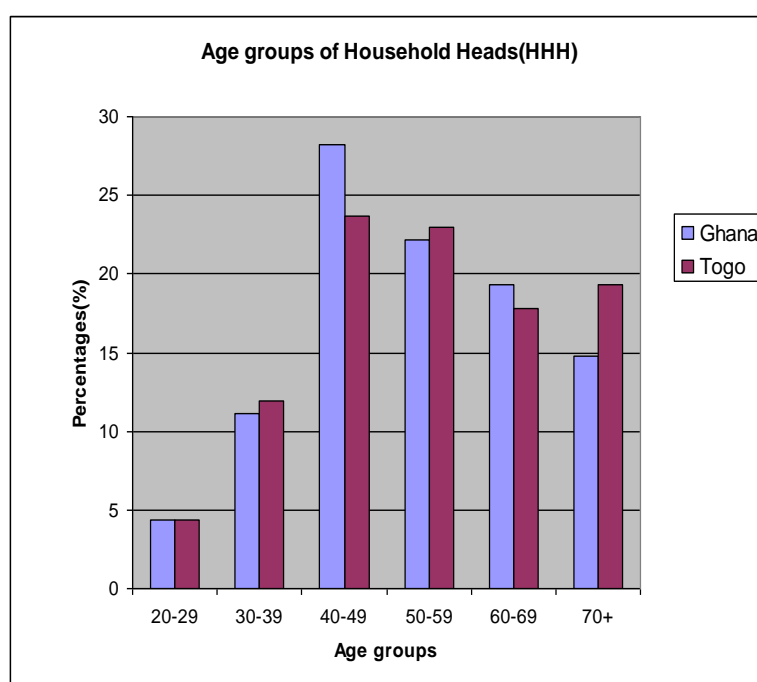
From the discussions with the respondents, household heads aged 40-69 (which included the age of the modal class) in both Ghana and Togo were very important members of their communities, during which they acquired landed property<sup>44</sup> as a way of showing their status. The contributions of this age to livelihood sustainability in the respective countries could hardly be in doubt. A woman in her 40s at Batume (Togo) confirmed this when she said:

*“Men take more decisions as they are the heads. The age group 40-69 is a very important age group in our settlement for both men and women to achieve a great deal. Due to the property they inherited and acquired themselves, they often had access to assets with which they carried through many diversified livelihood activities”* (Female Household head, A de facto head, in her 40s, Batume, Togo).

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<sup>44</sup> This is a terminology which connotes acquisition of a property such as land, housing and a corn mill. Lorries and motorbikes in recent times have been added to the list. This category of property can be used commercially to generate income for the owner, without the owner doing the actual work that brings income. Landed property was a key element of feudalism and freed the owner for other tasks, in this case other livelihoods. The utilisation of these properties is one way that households generate income and also can acquire fees for services provided by facilities on the land.

**Figure 4.2: Age groups of Household Heads of Ghana and Togo**



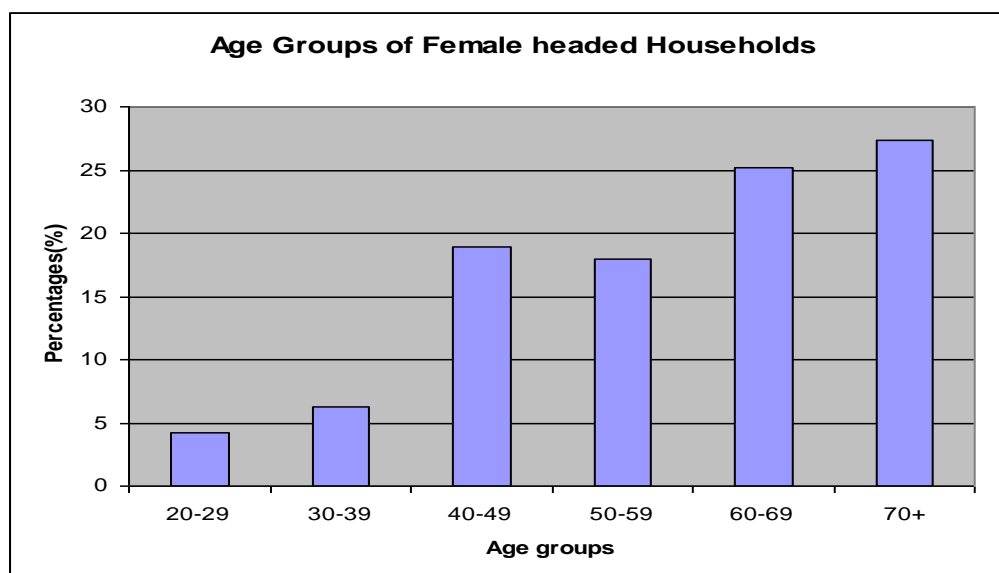
When the age groups of household heads of both genders are displayed on the same graph, as seen at Figure 4.2 above, it becomes difficult to clearly show age differentials, age trends and dynamics of one gender from the other. It can however be observed that the age distribution of the household heads depict the modal ages for both Ghana and Togo as lying between the ages of 40-49. While 27% of the household heads in Ghana (Figure 4.2) are between 40 and 49 years, the figure for Togolese counterparts is 23%, however, this is not statistically significant at  $p < 0.035$ . It can also be observed that there is a higher percentage of Togolese household heads in both 50-59 and over 70 age groups. The older women chosen as female household heads (FHH) also have lower probability of being married as they are probably widowed, and can concentrate and perform their household duties in the best interest of household members. Disaggregating the age groups of the female headed households (Figure 4.3) is very important because it shows clearly that the female household heads (FHHs) are in the majority in the oldest group, which has implications for livelihoods. A more thorough description of the female household heads follows.

#### 4.4 Female Headed Households

Female headed households (FHH) have been found to be susceptible to poverty (Buvinic and Gupta 1997; Panda, 1997; Appleton, 1996; Chant, 2003; Card and Blank, 2008; Quisumbing, et al. 1995; Lanjouw and Ravallion, 1995; Handa, 1997), calling for a critical examination of the predicament of FHHs within the study area. As mentioned earlier, (section 4.2 on Household heads), two main types of female headed households, namely, De jure (single, widowed, divorced, separated or abandoned women) and De facto (wives of male migrants) were observed in the study area. In spite of the fact that the Ewes are a patrilineal society (See Nukunya, 1999), it was observed that a sizable number of women in the study area were female household heads (Table 4.1).

Male and the female household heads showed substantial differences in their ages, with the males often found in the younger groups. Figure 4.3 shows that over half of the female headed households were older than 60 years. Figure 4.2 shows that 19% of Togolese household heads were 70 years and above while Ghanaian counterparts are 15 % confirms that the greater part of the aged female household heads in Figure 4.3 belonged to Togo.

**Figure 4.3: Age Groups of Female headed Households of Ghana and Togo**



Data Source: Field Survey, 2007.

Due to the importance attached to old age in the selection process of female household heads, newly married and young women were not easily chosen. The newly married females were considered as novices and strangers who did not yet know the traditions and culture of their spouses. The older female household heads were therefore people who have won the confidence and trust of the extended families and would be able to represent the households even at the clan level. A married woman, after thirty five years of marriage argued why young women were not selected as household heads:

*“When I was newly married and did not know the family of my spouse well, I had to learn many things before I became accepted by my in-laws. I was considered an outsider by the family into which I was then married. I could not take on sensitive responsibilities, like being a household head, which had both social and financial obligations. Sensitive discussions and decisions were often taken during the meetings organised for the household heads within the clan. Choosing young women, especially the newly married as household heads, who would have to rub shoulders with the “original” household representatives during such sensitive meetings might render the young women unpopular and vulnerable. I would not like to represent households of which I had little or no knowledge. Furthermore, newly married women were only to be seen and not ‘heard’. If I were not a mature woman, I could not deputise for my husband. I could not take certain tough decisions that are typically the responsibility of a household head”* (A de facto Female Household Head, 53 years, Alawogbee, Togo).

Buvinić and Gupta (1997: 261) contend that “There is sex-specific migration, resulting in “left-behind” female heads in the place of origin, as in rural areas in sub-Saharan Africa... marital disruption and erosion of extended family systems and traditional support networks, which leaves single mothers and widowed women on their own”. However, there are disagreements about whether FHH’s are always poor. The International Fund for Agricultural Development assessed poverty and female-headed households in West and Central Africa (IFAD, 1999: 2) and maintains that “In Ghana, the poverty<sup>45</sup> incidence is 28% for FHH and

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<sup>45</sup> See Jiggins, (1989) on networks of FHHs. FHH can be termed as marginalised and poor when viewed as individuals. In comparing MHH to FHH, the latter is often observed as barely having enough food at her disposal and also have smaller household sizes. The FHH do not own assets or have similar entitlements to assets, especially family ones. In most areas, over representation of FHHs lends credence to receipt of remittances from family or household members, spouses and their sons and daughters abroad coupled with more

33% for MHHs”. On the other hand, in assessing Togo, The International Monetary Fund (IMF, 2008:12) found that “The poverty incidence is higher among households headed by men than among those headed by women: 51 percent of the former are poor, compared to 34.8 percent of the latter”.

Dejene (2008: 4), argued that,

*“While the reduction of the incidence of poverty among FHH is a positive trend, it does not show the complete picture of the level to which women experience poverty. Studies have shown that taking the household as a unit of analysis, while valid and important, does not allow measuring the level of poverty among individual members intra household. In Ghana, women have limited access to critical resources such as land, labour, credit, ownership of land and markets to improve their income and reduce poverty”.*

From this assertion, it cannot be maintained that the reduction of poverty in a FHH is tantamount to the reduction of poverty among all women. As a result, there is the need for further research into the incidence of poverty among FHH and MHH in both Ghana and Togo. To examine FHHs access to resources/assets and their links to poverty, it is relevant to discuss marital status, which is the theme for the next section.

#### **4.5 Marital Status of Female Headed Households**

Marriage was found to be a very important social institution among the Ewes sampled for the study (Nukunya, 1969). A single adult was not respected in the study areas as much as a person who was married. This was confirmed by a Female Household Head at Alawogbee (Togo) who stated:

*“Marriage was a respected institution in our area. Marriage brought honour and dignity to parents as well as the couples involved. One did not have respect if one was an adult and supposed to marry but had not done so. A married person was seen as*

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kin gifts than MHH. Women are the dominant traders in agricultural products across the border generally and those ones from FHHs can probably promote cash investment in livelihoods such that when put together, can spread costs, pool savings, and diversify livelihoods without the risks and uncertainties of dependence on men folk.

*more responsible than a single-adult. One belonged to his/her own family first and foremost and also the family one is married into”* (A de jure Female Household head, in her 40s from Alawogbee, Togo).

The institution of marriage was seen not only as a social institution with many responsibilities, but as an economic unit that performed other economic ventures as well. Table 4.2 shows both the percentage of the population representing de facto and de jure female household heads (FHHs).

From Table 4.2, where the various marital statuses are shown, it is possible for one to calculate approximately de facto and de jure. By definition, one can identify or calculate de facto female headed households (FHH) as the total number of those who were either married, partnered or in some other union but whose spouses were not in the same settlements; in which case these spouses were non-resident members of the household. One identifies de jure female headed households as the sum of those females who were divorced, widowed or never married. From Table 4.2 the percentage married in Ghana and Togo (55.3%, 52.2%) might appear high, as “claims<sup>46</sup>” to be married or were in marital relations were higher in numbers than the figures in actual marital status, say for instance, 4.3% in Ghana did not know their marital status. The figure might include abandoned or separated women who did not want to admit this status.

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<sup>46</sup> Marriage within the study area is associated with high status. It is therefore demeaning when women are of marriageable age and are not married. Others therefore follow keenly what such women do, where they go and who they visit. Thus, the claim of being married actually exceed the reality as it often includes separated and abandoned women, a status which most women do not want to admit.



**Table 4.2: Marital Status of Female Headed Households in Ghana and Togo**

		Country of respondents		
<b>Two main Types of FHH</b>	<b>Marital status</b>	<b>Ghana (%)</b>	<b>Togo (%)</b>	<b>Total</b>
De Jure Divorced/Widowed/ /Never married	Not known	4.3%	0%	2.2%
	Married but Spouse not resident-spouse has no contact with household	6.4%	17.4%	11.8%
	Divorced	6.4%	6.5%	6.5%
De Facto	Widowed	34.0%	39.1%	36.6%
Married/Partnered Other	Never married	0%	2.2%	1.1%
	Married	48.9%	34.8%	41.9%
	TOTAL	100.0%	100.0%	100.0%

Data Source: Field Survey, 2007.

In Table 4.2 above, Togo had a higher percentage point of people widowed (39.1%) than those widowed in Ghana (34.0%). This picture coincides with the higher proportion of people engaging in polygamy as found in Togo (See Table 4.5) and is suggestive of a higher incidence of long term illness or HIV/AIDS in Togo.

Table 4.3 shows the two main categories of female headed households that can be estimated from the marital status of the females within Ghana and Togo based on Table 4.2 (The column on De jure & De facto). These are the de jure and de facto.

**Table 4.3: Categories of Female Headed Households in %**

	Ghana	Togo
De Jure Divorced/ Widowed/Never married	22	30
De Facto Married/Partnered/Other	23	16

Data Source: Field Survey, 2007.

To find out if these small numbers, as in Table 4.3 showing categories of women within Togo and Ghana in terms of numbers are significant, a statistical test was conducted. A Chi-Square test indicated no statistically significant difference between the two main category of female headed households (de jure, de facto) across the two countries ( $\chi^2 = 2.476$ ,  $p = .086$ ).

Female household heads were often female dominated households, as male<sup>47</sup> children were not often allowed to stay with their mothers after being divorced. A female household head (de jure) argued as follows:

*“Our former husbands vetoed that when the boys did not stay and assist them, they would not care for them, let alone pay their school fees. As for the girls, nobody talked about how they could help us to bring them up. These girls became often, victims of circumstances. They had to help us in our farming and trading activities; else it could become very difficult for me to care for them. I became worried that their school would suffer like their auntie’s, who fell out half way”* (Female Household Head, in her late 40s, Ave-Havi,)<sup>48</sup>.

From the descriptions of the de jure female headed households, it can be inferred that their peculiar situations coupled with their mature age could bring about certain hardships and thereby make them vulnerable. This will be explored in subsequent sections and chapters.

A few influential female household heads referred to as ‘queen mothers’<sup>49</sup>, were observed. They are often influential in the selection of a new chief and also serve as role models to the newly married and the older women within the communities. However, in most critical situations, such as conflicts between neighbouring villages and implementation of urgent directives/policies from central government, queen mothers are not included in the decision

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<sup>47</sup> Male children between the ages of 7-8 years were taken away from the ex-wives upon divorce by the ex-husbands. It is not popular to allow male children to be either taken by their mothers into new marriages or brought up by a woman-divorcee. Tradition prescribes that men have custody of the children upon divorce.

<sup>48</sup> Due to the sensitive nature of the study, names and ages given to the people in this study are pseudo numbers, to prevent people from the study area with access to the thesis from knowing exactly who the household members are. The numbering of sites/houses, are done, however, to aid the research in locating sites from which members and household heads are cited.

<sup>49</sup> They are female individuals born into the chiefs’ family and who are supposed to serve as role models. They are also supposed to be the female counterparts of the male chiefs but in practice, they are under the jurisdiction of the chiefs. They are usually influential in selecting a new chief but they are not the mothers of the chiefs as these people practise paternal system of inheritance.

making<sup>50</sup>. The exclusion of the queen mothers has curtailed their power of influence and rendered them vulnerable in the public sector differently within the two countries (sites). It must be said, however, that queen mothers are adored and are important part of the traditional customary law, more especially within the Ghana sites. A young married woman, of about 28 years old, living at Ave-Havi, Ghana, while describing the importance of the queen mothers, she said:

*“We liked the queen mother and Adzoaga [she had 11 children and all are alive] who had a lot of deep knowledge of our husbands’ culture and what we should do to appease our husbands and be able to have peace with our husbands’ families while we were married. Though they were not as powerful as the male chiefs, they served our interests and acted as our role models. The queen mother understood us better than the male chiefs. We, young mothers, therefore liked the queen-mothers very much”* (A de facto FHH, Aged late 20s, Ave-Havi).

There are two predominant ways of marriage within Ghana and Togo; and these are customary and legal. Within the customary marriage (nearly 100% of marriages in the study area<sup>51</sup>), the traditional laws and norms are used to bear on the marriage where the man has the right at any time to marry another wife. It is an acceptable norm which encourages and promotes polygamy and large household sizes (as observed in the study area), which in the past was suitable for raising requisite labour within the households for subsistence agriculture. On the death of the husband, the extended families share the estate of the deceased, often culminating in the ejection of the widow from the marital home. The practice under the current situation of dwindling agricultural lands and the appeal from government to send all children to school has certain implications for livelihood activities as well as the presence of long term illness or the HIV/AIDS pandemic. This will be explored later. (See also informal institutions Chapter 6).

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<sup>50</sup> The new 1992 Constitution makes the Chieftaincy institution powerful and unique in their own way but to avoid the duplication of their functions as traditional leaders, they have not been allowed to participate in national politics and this also affects the powers of the Queen Mothers.

<sup>51</sup> The survey found that nearly married through the civil /legal marriage in Togo with only one person in Ghana doing so. This implied marriage was practised overwhelmingly by the traditional or customary rites.

**Table 4.4: Marital status of citizens within the countries (male and female)**

Country	Never married	Customary Marriage	Civil Marriage	Cohabiting	Divorced	Separated	Widowed	Abandoned	Total
Ghana	452 51.3%	364 41.3%	1 0.1%	1 0.11%	21 2.4%	3 0.3%	38 4.3%	2 .2%	100%
Togo	308 51.4%	240 40.1%	0 0.0%	2 0.3%	9 1.5%	3 0.5%	37 6.2%	0 0.0%	100%

Data Source: Field Survey, 2007.

Table 4.4 shows the marital status of people within the two countries. It covers both genders and shows an average of 40.7% married within the sample population of the two countries, with over 41% of the total number of people married customarily in Ghana alone. Table 4.4 however shows clear disparities between marital status. Civil marriage was not found as a popular practice among these rural people, and in fact was absent in the sampled population in Togo.

The civil, church or what is known as ‘legal marriage’ on the other hand consists of the principle of ‘one man one wife’. This model follows the European tradition of men marrying only one wife at a time, and this practice is associated with legalities that enforce it. The significance of the civil marriage is that both the woman and the man are required by law to share in the estate of the family or the man’s property, especially when the man buys residential land for building on, or if he has already built on such plot of land and has other pieces of property. Civil marriages seek to protect property rights, and in many instances protect the fundamental human rights of females who have been widowed. These marriages have positive implications for women, as they have an entitlement to the use of the spouse’s property and they prevent the wider family from using their traditional “lens<sup>52</sup>” in pushing the woman out of the household on the death of the man.

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<sup>52</sup> The traditional way of sharing the estate or property of a dead husband/spouse is to exclude the woman and the female children of the departed husband. The traditional family (extended family) shares in all the property without any consideration for the woman. The widows are often obliged to marry either the brother or relative of the spouse before upkeep of the children, and the woman is looked after.

A law to protect the interest of widows upon the death of their husbands was passed in Ghana in 1985 called the Intestate Succession Law (PNDC Law 111). Women in Ghana are protected through Civil marriage by PNDC Law 111<sup>53</sup> and in Togo<sup>54</sup> due to pressure from the United Nations. Hitherto, traditional families decided how to share the property of the deceased husband among family members with little consideration given in most cases to the spouse (the wife) and the children in matrilineal communities (see Sarpong, 2006). Despite the noble objectives behind the passage of the PNDC Law 111 in Ghana, which among other things is intended to cater for surviving spouses and children of husbands/persons who die intestate, it is not easy to understand why customary marriage is still the preferred practice. It should be recalled that under customary marriage, women have little or no right to share or utilise the man's resources before and after his death. This traditional arrangement has dire implications for livelihoods of the women as women have no access to land which is the main factor of crop production.

A pensioner in the study area (Akpokope- Wodome, Ghana) for example, was married to two women, each with a different status; one was legally married (she had some formal education) while the other was traditionally married to the man. Legal marriage is seen to be beneficial to females in view of the provisions and tenets of the law prescribing the rights of inheritance of females to their late husband. This law and its impact on the people, especially on livelihood activities, will be discussed in latter sections.

#### **4.6 Polygamy**

The institution of marrying more than one wife at a time is referred to as polygyny or polygamy. From the study, it was gathered that polygamy was, and continues to be, a very important medium for raising large families. Citing Caldwell, Caldwell, and Quiggin 1989, Hayase and Liaw (1997: 294) contended that "Despite its appearance to outsiders as a highly undesirable social system, polygamy has been a well-developed, coherent, and even preferred (or at least generally acceptable) way of life for many sub-Saharan Africans since pre-colonial times". It also meant that the more wives one had, the more children one had.

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<sup>53</sup> A law passed under President Rawlings in 1985 gave women and the children of the deceased the right to inherit their spouses property upon death, which hitherto was the prerogative of the extended family. It is being appealed after 28years, at the time of writing to give it more support of women.

<sup>54</sup> The UN Women's Anti-Discrimination Committee (2005) of 23 experts took up a report into Togo and brought pressure to bear on the new government to monitor compliance with the provisions of the Convention on the Elimination of All Forms of Discrimination against Women. Traditional Practices, Sexual Stereotypes, such as polygamy, remain challenges. Under the country's 1992 Constitution, all its citizens, men and women are equal before the law.

Anipah et al., (1999) found 34 percent of women between fifteen and forty-nine years of age were in polygamous relationships in urban areas and 47 percent in rural areas in Togo in 1998.

Polygamy used to be associated with status, which meant that the more the children, the more labour power and thus larger farms would be tilled easily by children without hiring labor. Hayase and Liaw (1997:296) argued that *“Without the right to inherit the property of her husband, a wife in this system is motivated to maintain high fertility, hoping that at least one of the surviving children is a son on whose inherited field she can continue farming after her husband’s death. Her greatest fear is the inability to bear children, which is not only a valid reason for her husband to divorce her but also a cause for her community to make her an outcast. ... Many women experience divorces and remarriages through their life courses”*. There are complications of polygamy in the HIV/AIDS pandemic on livelihood activities which will be explored later.

Table 4.5 shows the distribution of polygamy across the study sites. These calculations were based on the adult population of the various sites and the responses given to questions on polygamous relations.

**Table 4.5: Distribution of Polygamy across study sites**

<b>Ave Havi (Ghana)</b>	(24%)
<b>Akpokope-Wodome (Ghana)</b>	(25%)
<b>Alawogbee (Togo)</b>	(32%)
<b>Batume (Togo)</b>	(30%)

Data Source: Field Survey, 2007.

From Table 4.5, it can be seen that Togo has almost 1/3<sup>rd</sup> of people in polygamy compared to 1/4 in Ghana. Alawogbee (Togo) has the highest proportion of polygamy among these sites. This implies that the people of Alawogbee hold fast to the traditional system of marriage (polygyny) which has induced large household sizes, a higher incidence of poverty and a higher youthful dependency ratio. Polygamy can also induce a high incidence of HIV/AIDS infection (Brahmbhatt et al., 2002), as when one or more persons in the polygamy network has unprotected sex and contracts HIV, all the other people linked could be infected.

A participant argued that polygamy used to be an important customary practice which has

been abused over the years. The chiefs continue to have polygamous marriages as they still have large parcels of land linked up with their stool occupancy. Apart from that resource, the chiefs need to work and feed their households like other ordinary members of the community. Furthermore, the chiefs, together with other polygamists who have many children, are requested by law to send their children to school in fulfillment of UN Millennium Goal<sup>55</sup> number three in order to achieve universal primary education. With rising school fees, a substantial proportion of children were not in school in both Ghana and Togo but roamed the streets and might come from polygamous homes (Aderinto, (2000). The male partners (husbands) are dominant power brokers when it concerns the running of the affairs of the household. Most decisions involving matters of health, the financial running of the household, education of the children and working on the farms appeared to be the sole decision of the males. Male dominance in decision making was observed much more within the Togolese sites (Alawogbee, Batume) where polygamy<sup>56</sup> was much more common (approximately 32% and 30% respectively) than the Ghanaian sites of Ave-Havi and Akpokope/Wodome, indicating women's dependency on men.

#### **4.7 Household Members Composition**

In both Ghana and Togo, membership of the households, either individually or collectively, is based around the relationship to the household head. As a reflection of the social structure of the region sampled for this study, the household heads, spouses, children and other close relatives form a central or very important part of the household. Households consisted of what is referred to as the extended family system. (See Nukunya, 1999, 2003). It often comprised very close blood relations, as well as extended relatives. In addition to these people, there are other non-relatives such as friends, maid servants and relatives, who often were an integral part of the households. It was not uncommon to find children, orphans of relatives, half-sisters/brothers, cousins, aunts, uncles, second cousins, some in-laws, friends, and especially grandparents co-existing in the same household. Households in both Ghana and Togo were therefore comprised of people with rich intergenerational experiences who assisted in the upbringing of children and resolved family conflicts. Grandparents lived with their progeny in more than 70% of the households. The number of older parents in the

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<sup>55</sup> The Millennium Development Goals (MDGs) are composed of eight international development goals that were established following the Millennium Summit of the United Nations (UN) in 2000.

<sup>56</sup> Polygamy was and continues to be a very important part of traditional and customary marriage of Ewes in Ghana and Togo. The preference among the Ewes interviewed was to have a big family. Such family sizes were seen to show power and status which could prolong the life of the family tree.

households has certain implications for livelihoods.

Apt (1999:7) maintains “In a typical African household, each person has a role to play, whether young or old. The elder plays an important role in the social upbringing of the young and thereby becomes the educator and guiding spirit behind many initiatives of the young, psychologically a very satisfying role”. Older generations in the same household are an asset to the newly married or inexperienced couples who had just started having children. The varied nature of people within the household aided different livelihood activities, such as the older family making ropes, pottery and door mats for sale. One woman from the village of Alawogbee in Togo maintained:

*“Our mother/father in-law loved us very much. They gave many good pieces of advice to our children which we believed changed them for the better. Mensah who used to play truancy at school, had become focused and was actively going to school. Our daughter who had left her children with her husband and left for an unknown place had since returned to her family. She confessed she would not do it again”* (A de facto Female Household head, late 50s, Alawogbee).

These elderly people took extra care of their grandchildren and their in-laws, and often received reciprocal gestures in the form of good feeding, care and other services from the aforementioned people. Table 4.6 synthesises the household sizes and structure of the region sampled including the composition of children, youth, young adults, adults, and older people both within the sites (residents) and outside (non-residents). Non-residents and residents are profiled in sections 4.7 and Table 4.7. For the purpose of analysis, the household members were categorised<sup>57</sup> as follows: children (0-12 years), youth (13-17 years), young adult (18-25 years), adult (26–65) and older persons (66 years and above).

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<sup>57</sup> Children in Ghana are generally sent to primary school from 6 to 12 years. Over 12 years, they enter Junior secondary school. Young adults go from Senior secondary on to the university. If they have not continued on to higher education, they return to take responsibilities within their home communities. They may work their own farms or find employment away from home. Even though the upper limit of the categorisation of adults age nearly coincides with the pension age of people who work in the formal sector, considering the tough work on the farms coupled with the life span of the people of the study area, 26-65 years seemed to be convenient upper limit for active farmers. UNICEF, (2007) gave the life expectancy for Ghana as 60 while UNAIDS, (2006) gave 52 years for Togo. Most farmers over 66 years begin to show signs of wear and tear, though a sizable number still engage on the farms with the support of their children, non-resident relatives and household members.



The broad category of household membership in the study area is important because it has certain implications for livelihoods and the spread of long term illness or HIV/AIDS. A household structure which consists of different ages and gender induces different categories of mobility such as travelling to higher schools outside the communities and associated risks in carrying out cross border activities. Table 4.6 shows that 42.2% of youth and young adults in the sampled population in Ghana resided within their settlements. Few of the young adults and adults (34.2%) from the survey population in Ghana lived outside their settlements. This age group travels out of the area for higher education at schools found only in urban centres.

This higher proportion of the adult population living away or abroad has implications for development in general and specifically for the livelihood activities within the study sites. From Table 4.6, it can be observed that Togo has more children (14.5%) living within the settlements than Ghana. Ghana and Togo have a very low percentage of children abroad (1.7%, 2.3%) respectively, probably due to the culture of fostering children within the two countries. Togo on the other hand, has more young adults (18.2%) staying abroad than the same population group from Ghana. The two countries also have a higher proportion of their adult populations (18.4%, 17.7%) staying abroad, with Ghana having the higher percentage. These were people who left the settlements for jobs elsewhere, both near and far. The significance of this phenomenon is that those people who travel send home remittances to their relatives who often help to support and cushion the economic difficulties faced.

**Table 4.6: The General Household Structure of the Region studied**

Resident		Country of Respondents				Total	
			Ghana	Togo	Total	Ghana	Togo
	Category					Average/pr. HH	Average/pr. HH
	Child	Count	166	182	348	1.3	1.5
		%	12.5%	14.5%	27.0%		
	Youth	Count	132	105	237	1.0	0.9
		%	10.0%	8.4%	18.4%		
	Young Adult	Count	199	175	374	2.9	2.9
		%	15.0%	13.9%	28.9%		
	Adult	Count	229	204	433	3.4	3.0
		%	17.2%	16.2%	33.4%		
	Older person	Count	77	68	145	0.8	0.6
		%	5.8%	5.4%	11.2%		
<b>Non Resident</b>	Category						
	Child	Count	22	29	51		
		%	1.7%	2.3%	4.0%		
	Youth	Count	13	21	34		
		%	1.0%	1.7%	2.7%		
	Young Adult	Count	210	228	438		
		%	15.8%	18.2%	34.0%		
	Adult	Count	245	222	467		
		%	18.4%	17.7%	36.1%		
	Older Person	Count	39	22	61		
		%	2.9%	1.8%	4.7%		

Data Source: Field Survey, 2007.

The Non-resident adults and older persons of Ghana (18.4%, 2.9%) are more than same category of non-residents of Togo (Table 4.6). This situation agrees with the observation that Ghanaians are used to travelling in search of finding alternative livelihoods and knowledge; they are more mobile (Anarfi, et al., 2003; Black, et al., 2003 ; Twum-Baah, 2004; Bump, 2006; Awumbila, et al., 2008). While the Togo sites are closer to their capital city, Lome, just 10-15 miles, the same cannot be said of the Ghanaian sites. The sites in Ghana are over 100 miles from Accra, their national capital where they can look for jobs or sell their wares. Even within the Ghanaian sites or over 20 miles journey to Ho, the regional capital, there are

hardly any jobs or opportunities comparable to those found in the Togolese capital. As a result, Ghanaians are away more, while people of Togo will commute daily due to the proximity. People who do not travel across the border also enjoy the power of remittances. Dependence on remittances will therefore be an important source of having a daily living and can also aid the purchase of goods and other vital services (Osaki, 2003; De Haas, 2010). The future development of any country depends on its adults as well as its children. Thus, the demographic profile of household membership within the population has certain implications on livelihood.

There is a significant difference between the non-residents of Ghana and Togo (Table 4.6) as shown by Pearson's chi square ( $\chi^2 = 11.679^c$ ,  $p < 0.001$ ). In fact there is a statistically significant difference between the people resident within the Ghana and Togolese sites ( $\chi^2 = 4.288^a$ ,  $p = .008$ ), implying there were more people resident within Ghana who could contribute towards development, support households and also take care of both the afflicted and the affected as well as the elderly in the midst of HIV/AIDS. In all categories of child, adult and older people who are non-residents, Ghanaian sites have higher percentages of both adults and older people living outside with 18.4% and 2.9% respectively. It is only in Togo where a higher percentage of 2.3% children had been born outside, an indication of a likely higher dependency ratio among non-resident households. Even though adults and older people leaving sites in Ghana can be said to have created a labour vacuum, remittances from Ghana are known to have facilitated development (Black et al., 2003; Quartey, 2006; Adenutsi, 2011), (see Chapter 5, Section 5.10, Table 5.5).

#### **4.8 Profile of Residents and Non-residents**

The study area comprised people who stayed and those who resided outside of the settlements (see Table 4.7). The survey revealed a total of 1537 residents and 1051 non-residents who belonged to the 280 households sampled across both countries (Table 4.7), with the total female residents numbering 840, while the total male residents numbered 697. As observed in previous sections (4.4), females are often left behind to head up households when male members work elsewhere. This is a trend that is commonplace in many rural areas across the continent (See Berheide & Segal, 1994; Buvinić, 1997; Fuwa, 2000). Non-residents were people who hailed from the settlements but resided outside them and played important roles such as sending home remittances, both in cash and kind. Of the total of those who were non-

residents (1051) within the sites, women constituted 564 (44%) while male non-residents were 56%. Their significance to livelihoods will be examined later.

**Table 4.7: The total residents/ non-residents within the Ghana and Togo study area**

Country	Female residents	Male residents	Total residents	Female Non-residents	Male Non-residents	Total Non-residents
<b>GHANA</b>	440 (33.0%)	363(27.4%)	803(60.3%)	228(17.0%)	301(22.6%)	529(39.7%)
<b>TOGO</b>	400(32.0% )	334(26.6%)	734(58.4% )	236(18.8% )	286(22.8% )	522(41.6%)

Data Source: Field Survey, 2007.

#### **4.9 Household Size**

Household sizes were not uniform within the sites and the communities studied. Table 4.8 reveals the mean household size in Ghana to be 5.7 people, while the mean for Togo was 5.2. Even though the average size of households studied (5.41) was higher than the average size for the two districts in Ghana in which these study sites were located (Akatsi, 4.2 and Kpetoe, 4.25), the average for the sites studied (5.41) was, however, nearly equal to the national average size for Ghana (5.5), (Central Bureau of Statistics, 2005:20).

**Table 4.8:Household size**

Country of Respondents	Total number of Households	Total household members	Mean	Mean MHH	Mean FHH	Minimum	Maximum
Ghana	140	803	5.7	6.07	4.63	1	14
Togo	140	734	5.2	5.85	4.02	1	18

Data Source: Field Survey, 2007.

A few household sizes that were far in excess of the average household sizes were observed in both Ghana and Togo. In Togo, 18 was the largest household while in Ghana, it was 14. The gender of household heads seemed to play a very important role in the size and composition of the households within the study areas. Table 4.8 shows a difference between the mean of the MHH (6.07, 5.85 in Ghana and Togo respectively) and FHH (4.63, 4.02 in

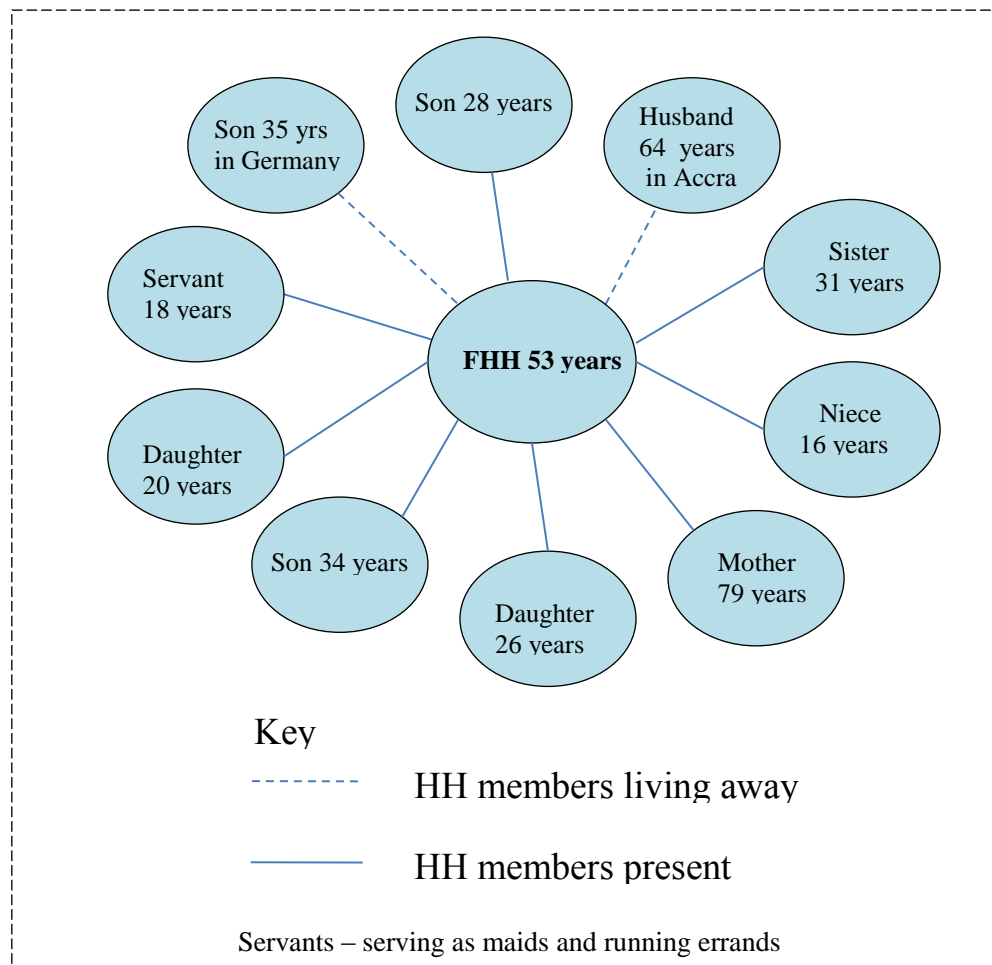
Ghana and Togo respectively) implying Female Headed Households were smaller in sizes than in Male Headed Households. This situation has implications for livelihood activities that will be explored later in the chapter.

#### **4.10 Household case studies in the study area.**

The Case Studies in this section encapsulate or illustrate some of the key household characteristics that have been discussed in relation to the study area. These studies reveal different composition and household sizes in terms of numbers of children, elderly or orphans as well as variations in age and gender.

These case studies will be revisited in relation to livelihoods later in the chapter as well as in the subsequent chapters as different household arrangements have implications for livelihoods. Below is the first case example (Figure 4.4)

**Figure 4.4: De Facto Female Headed Household in Ghana**



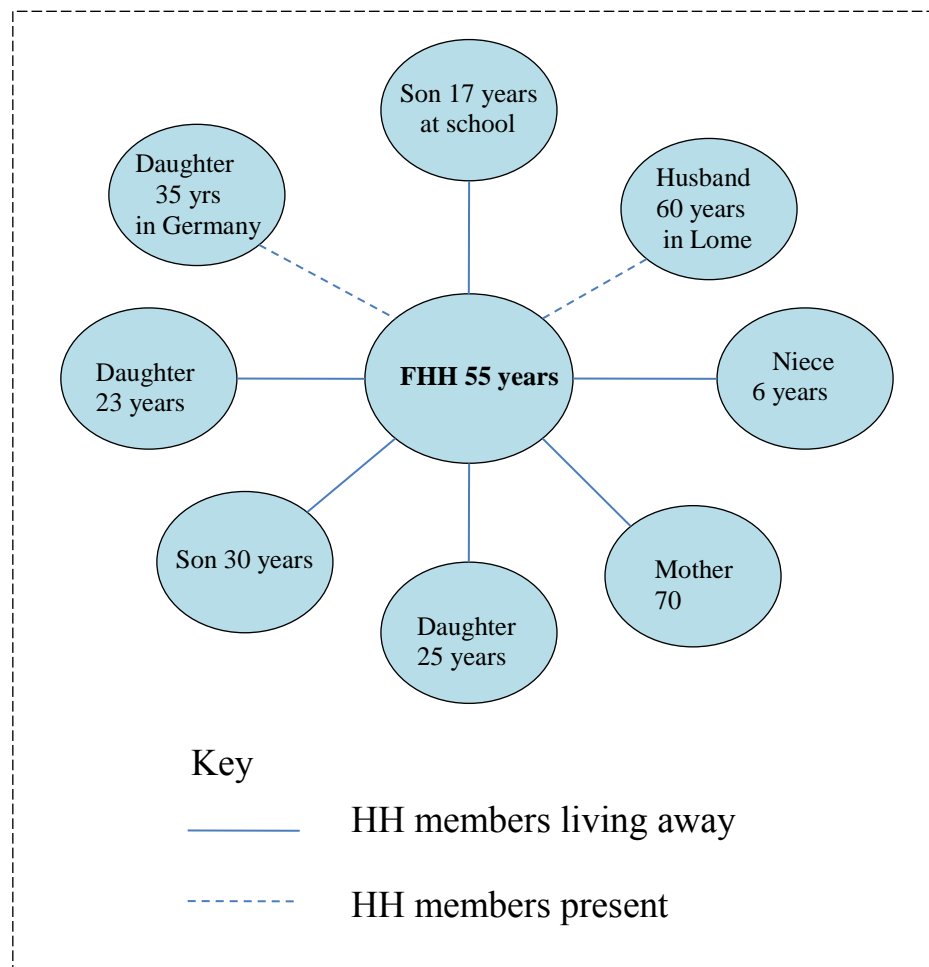
Data Source: Field Survey, 2007.

The dotted lines from case study one (Figure 4.4) represent non-residents from the household, where a 53 year old female was the household head. Thus, case study 1 represents a de facto Female headed household (FHH) whose spouse was 64 years and whose son aged 35 years, lived away from the household. The son lived in Germany.

The household head was of a mature age and could make decisions both in the interest of her husband and the household as a whole. This household was nearly twice the average size of households found in the Kpetoe district. The members included a son (28 years), two daughters (20 and 26 years), a servant (18), a niece and the mother (79 years). A niece of 16 years was an orphan staying with the aunt. A son (34 years) who was mature enough to have married also resided in the house.

Case study one (Figure 4.4) was a household which had different generations. There were no children within this household as the youngest person was 16 years. This means that nearly every member of this household would be active and supportive of aims and goals, perhaps excluding the mother (79), who might have needed help from time to time (even though we were not told that she was not strong enough). There was an abundant source of utilised labour within the household, including a maid servant who could be sent on errands. The niece at 16 years was an orphan, whose father was related to the Female Household head. This situation will be explored in more details in later chapters. Case example two (Fig 4.5) below is a similar female de facto headed household.

**Figure 4.5: A de facto female headed household in Togo**



Data Source: Field Survey, 2007.

In Figure 4.5, the dotted lines represent members of the house who lived outside the settlement. Case study two was a household structure in which a Female was the (de facto) head. The husband of the Female Household head (55 years) lived in the capital city of Lome working in the harbour, while the daughter also lived in France. As in Case study one, international migration appeared to be an important livelihood strategy. Even though the husband did not live far, he did not come home very often due to the shifts he worked. This case study also included the mother of the de facto household head, two daughters in their twenties and a son aged 17 years. She had a young niece, of school age, who was an orphan, and was her late brother's daughter. Both of the first two case studies (Fig 4.4 & Fig 4.5) contained the same number of non-resident members. Two daughters and a son were taking higher studies at the university.

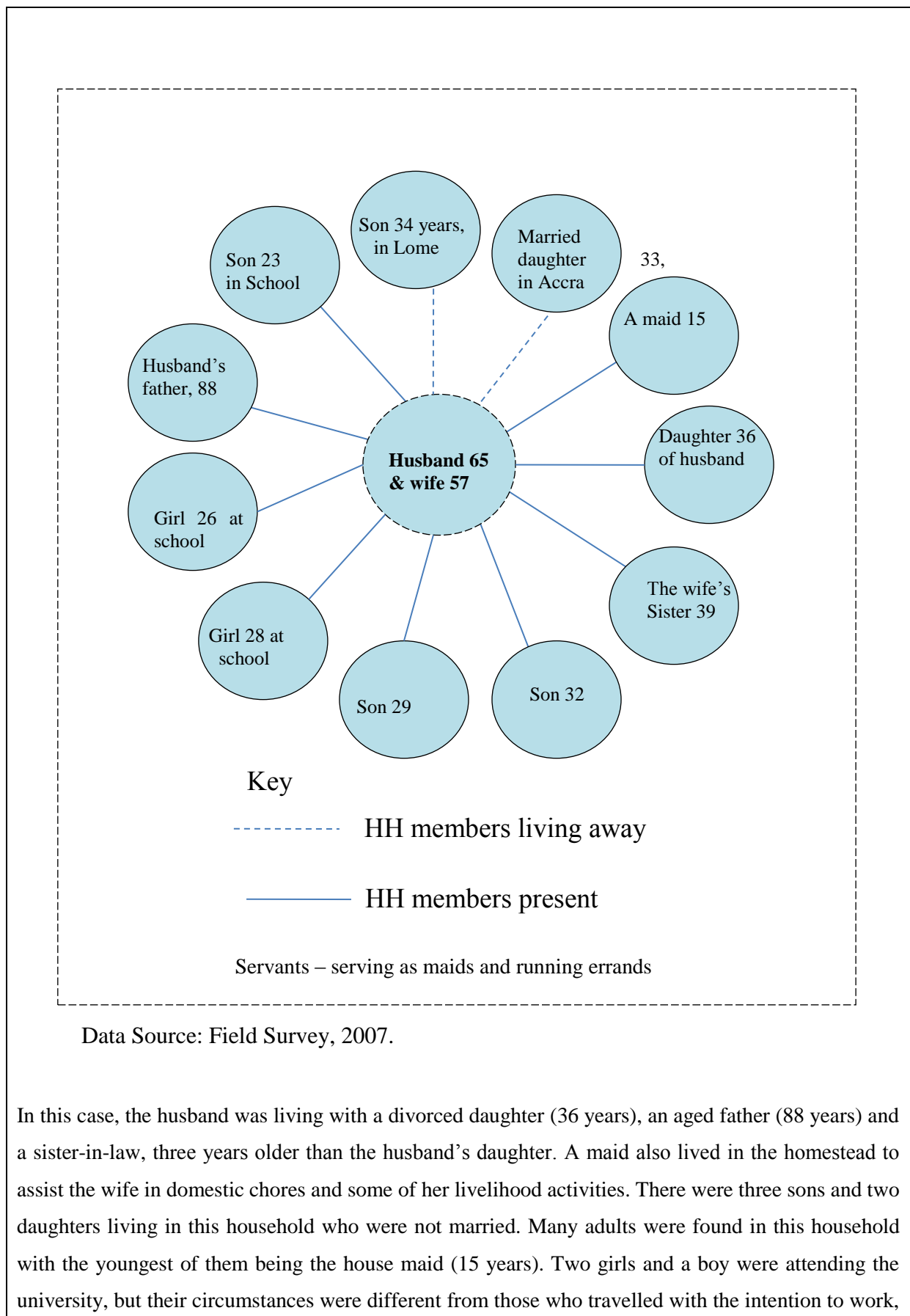
People attending tertiary institutions such as diploma awarding institutions and universities outside



the settlements but within the two countries (Ghana & Togo) did not have the same status as those who lived abroad. This was because while the people who lived abroad looked for jobs, and worked in order to have money to remit home, the students sought knowledge and skills from the institutions they attended. Besides, most of these students' circumstances were different, and unlike the people staying abroad, often depended on their parents, and had to assist their parents in their daily activities. These students were regarded as people always staying physically present. It was found that while the students followed a school/academic calendar, they also had farms which they took care of each farming season, just as they undertook other livelihood activities. As there was no maid servant in this household, one can imagine that the niece (6 years) was brought to stay with the aunt with the aim of her learning to help with livelihood activities. Fostering of children is a common place arrangement among the people in the study area. See for example (Isiugo-Abanihe, 1983; Goody, 1982; Klomegah, 2000; Notermans, 2000).

Case study three, Figure 4.6, depicts a Male headed Household structure in Batume, Togo. The male household head had a son in Lome and a daughter who was married in Accra. The picture here revealed the interconnectedness between the two countries.

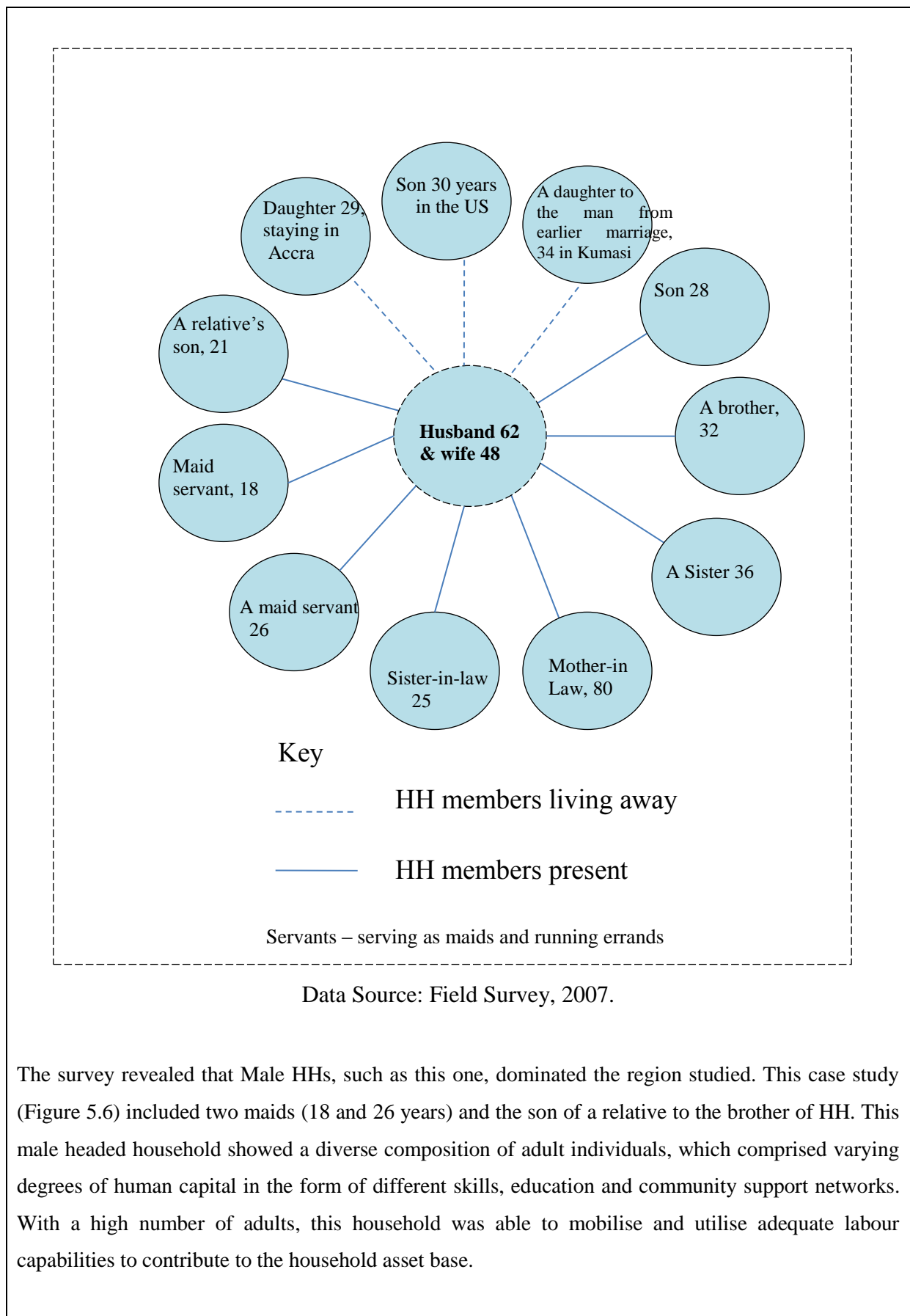
**Figure 4.6: A Male headed Household structure in Togo**



as mentioned under Case Study 2. It should be recalled that in all the case studies, people travel to and from the households to the outside world. In this case, the students were observed as mostly staying within the settlement. They travelled to and fro during term time but had no accommodation outside the settlements when schools were not in session. Unlike the students, the non-residents had residential status outside their settlements.

It can be observed that there was a general tendency for the household members to not marry early. The reasons for this were schooling, lack of finding good jobs, or an enlightened and disciplined household. There is a phenomenon common to the two countries where richer households marry much latter. Below is the fourth case study (Figure 4.7) of a male headed household in Ghana.

**Figure 4.7: A Male headed Household structure in Ghana**



The fifth case example (Figure 4.8) was unique in itself. It was a female single parent household who had much fewer tangible and non-tangible resources at her disposal.

**Figure 4.8: A de jure female household structure in Akpoko (Ghana)**

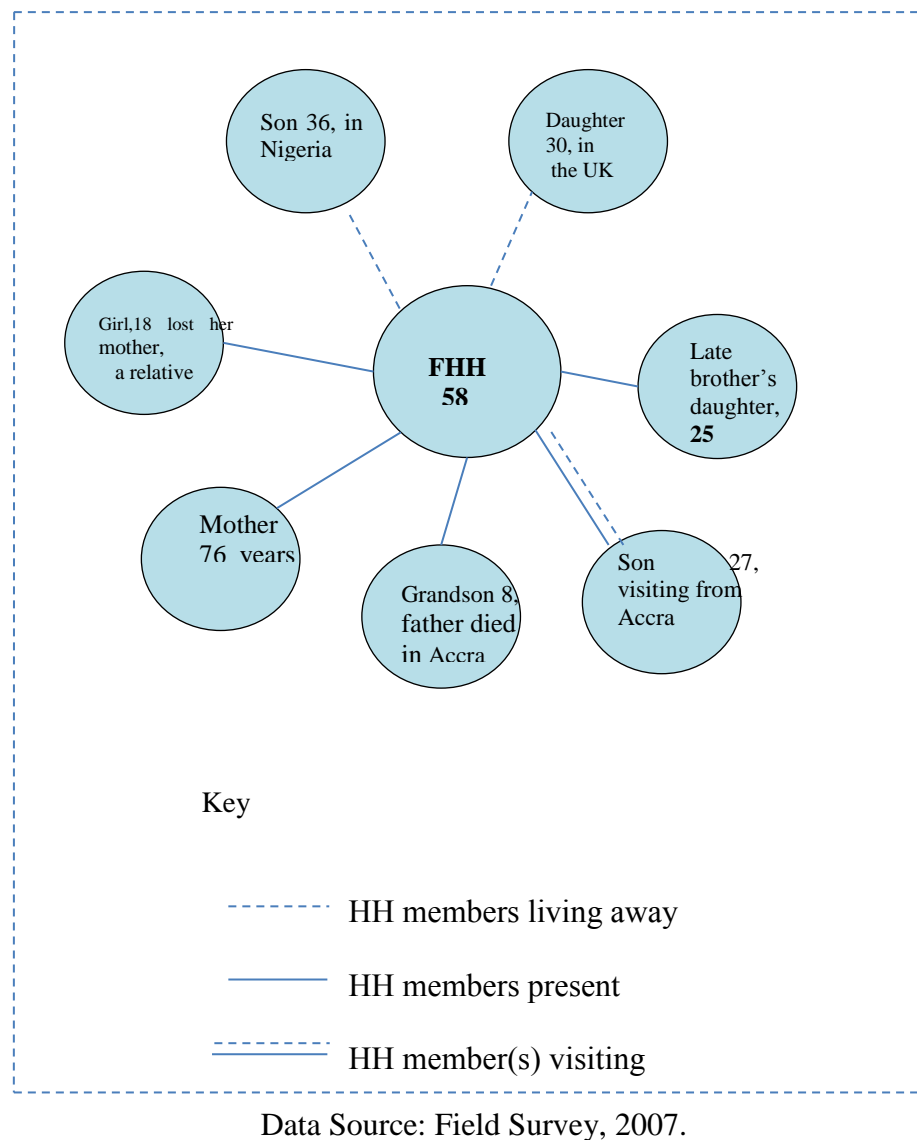


Figure 4.8 is a case example of a household type that depicts a de jure FHH structure found in Akpoko-Wodome, a site in Ghana that was similar to de jure households found in Togo. Apart from a similar morphology, female de jure households in Ghana and Togo seemed to face similar conditions. Thus, the Akpoko-Wodome (Ghana) example is representative for the two “regions” sampled for the study. I selected a typical de jure household as a case study so that I could discuss the peculiar circumstances in which such female household heads operated. In the first four case studies, I showed two samples of the same household structure.

This de jure household head had special circumstances that were quite different from the other four case examples described earlier; for example, she had no husband to rely on due to divorce. It was a

household structure that typified the single or a 'one parent' household. Upon death of their spouses, some widows that were not re-married or absorbed into their old marital homes were abandoned to be on their own. This had far reaching implications for the livelihood activities in the household.

The dotted line depicts people who were outside the settlements and the lines representing resident members of the household while the dotted line combined with an ordinary line represented household members who were living not very far away from the settlement and often visited the household. The people who made these frequent journeys usually had an elderly parent, a sick child or relative or were undertaking home-based projects. A non-resident member was on frequent visits to this household. Owing to the small size of this de jure household and the probably narrow network social capital, the frequent visits of the non-resident member was very important.

In this Case example 5, the household head was a female 58 year old divorcee. She lived with her mother (76 years), a grandson (8 years), and two girls (18 and 25 years) who were staying with her because their parents had died from a long term illness. The 18 year old girl was a daughter of a close relative who died a few years ago, while the 25 year old girl was a daughter of the late brother of the household head. There were two adult children abroad (UK, Nigeria). The female household head (FHH) had a son (27 years) living in Accra but who visited from time to time. He lived independently from the father, who had married a young lady from Accra after the father divorced the mother. In this household structure, there were no adult males, with potential implications for household labour and livelihoods. The Household head looked after a young grandson who had lost both parents two years earlier.

#### **4.11 Livelihoods Activities undertaken within the study areas**

A livelihoods approach will be used which symbolises adaptation of a varied portfolio of activities by rural people to meet different objectives and their ability to sustain this over time (see Whitehead and Kabeer, 2001; see Chapter 2, sections 2.2 and 2.3). The definition of 'livelihood' has been extensively discussed among academics and development practitioners (Ellis, 1998, Batterbury, 2001; Chambers and Conway, 1992; Carney, 1998; Bernstein, 1992; Francis, 2000, 2002; Radoki, 2002). The Sustainable Rural Livelihoods Framework which discusses and examines livelihood activities was reviewed earlier in chapter 3, but the most widely accepted definition of a livelihood stems from the work of Robert Chambers and Gordon Conway (cited in Carney), "A livelihood comprises the capabilities, assets (including both material and social resources) and activities required for a means of living" (Carney, 1998:4).

From the above definition, livelihoods essentially revolve around the asset base of individuals and households, their networks and social capital, skills and human ingenuity, or capabilities which will allow them to utilise their assets/resources, tangible and intangible, such as land, crops, and livestock. Furthermore, entitlement to, or access of individuals and households to assets are crucial, as they influence the selection of livelihood activities that individuals or households pursue. From the case studies (Figure 4.4-4.5), each individual or household in Ghana and Togo seemed unique in terms of the asset base to which each was predisposed. Thus no individuals or households within the two countries are the same, as they have different circumstances in terms of capabilities of contributing either to the expansion or appropriation of the respective quotas of their livelihoods. The remaining sections of this chapter explore how households in Ghana and Togo make a living, and how differences between households and coping strategies and their vulnerabilities affect their livelihood activities.

#### **4.12 How people make a living – Their Livelihoods.**

The main occupation of the people of both Ghana and Togo (the study area) was subsistence farming. The farms owned by these people were very small in size, ranging from 0.5 to 5 acres. In a few cases one could see farms of 6 and 8 acres. Table 4.9 shows most of the important categories of livelihood activities carried out within the sites. These are food crop farming, livestock, waged labour and petty trading, food aid, pensions and remittances. Pension is given to persons who worked in the public sector (formal) and retired in both Ghana and Togo. This will be explored later, but it is worthwhile to say that the subsistence farmers do not receive any form of pension, either non-contributory pension or social pension within the study area. Out of over 54 countries in Africa, only South Africa, Namibia and Botswana provide a social pension to their rural farmers (Devereux, 2001). What the rural farmers counted on within the different sites as their future pension for old age was described by a household head from Batume as follows:

*“Social support exists in the family. In our old age, we have to depend on what we did during our life time. Above all, the most important care we can receive will have to come from our own children. We have to care for these children now” (A Male Household Head, in his mid-30s, Batume, Togo).*



**Table 4.9: Livelihood activities within the four (4) sites**

Country	Ghana		Togo	
Site	Ave – Havi	Akpokope- Wodome	Alawogbee (Togo)	Batume
<b>Cultivation</b>	Maize (staple), oil palm trees, cassava, sweet potatoes, yams, beans, pepper, tomatoes	Maize, oil palm trees, cassava, sweet potatoes, yams, beans, pepper, tomatoes.	Maize (staple), oil palm trees, cassava, sweet potatoes, yams, beans, pepper, okra, .	Maize, oil palm trees, cassava, sweet potatoes, yams, beans, pepper, tomatoes, okra.
<b>Livestock Raising</b>	Poultry, goats, sheep and cattle, hunting for ‘bush meat’	Poultry, goats, sheep and cattle, hunting for bush meat,	Poultry, goats, sheep	Poultry, goats, sheep and cattle
<b>Retailing based on Farming</b>	Selling foodstuff, oil extraction, chop-bars / restaurants, distilling & sale of akpeteshie <sup>58</sup>	Selling foodstuff, palm oil extraction, chop-bars /restaurants	Selling foodstuff, palm oil extraction, food vendors, chop-bars	Selling foodstuff, palm oil extraction, food vendors, chop-bars / restaurants
<b>Waged Labour</b>	Temporary/permanent – remittances	Temporary/permanent – remittances	Temporary permanent remittances	Temporary/permanent – remittances
<b>Petty trading</b>	Selling provisions and essential commodities, pharmacy shops medicines retail & sale of kerosene	Selling provisions and essential commodities, pharmacy shops, fertilizer depot.	Selling provisions, essential commodities, medicine, retailing kerosene	Selling provisions and essential commodities, selling medicine, retailing of kerosene
<b>Artisans</b>	Hair dressing, tailoring, seamstress, carpentry, masonry, fitting shops, men driving commercial vehicles.	Hairdressing, tailoring, seamstress/carpentry masonry fitting shops, men driving commercial vehicles, kente cloth weaving,	Individual carpenters and masons working without workshops	Individual carpenters and masons without workshops, kente cloth weaving, selling locally made cloths, seamstress
<b>Micro-finance</b>	Credit creation –susu contribution & collection, money-lending	Credit creation, susu collection (rural credit creation), money-lending.	Credit creation, money-lending	Credit creation, money-lending
<b>Employment</b>	Working for wages/ doing business,	Working for wages/ doing business, lotto agents.	Working for wages/ doing business,	Working for wages/ doing business,

Data Source: Field Survey, 2007

Table 4.9 shows the main livelihood strategies undertaken at the various sites. There were

<sup>58</sup> Liquor or strong alcohol distilled from fermented palm juice made from palm trees. It is cheap compared to foreign drinks and popular within the study sites.

livelihoods based on farming and livestock, retailing in foodstuffs and provisions of basic items, wage labour, artisans/apprenticeship not forgetting the local micro-financing called susu. From casual observation, most of these livelihood activities seemed similar from site to site. However, the activities were not homogenous, they differed in terms of diversification and intensity due to the different asset bases each individual or households possessed. The livelihood strategies undertaken individually and by various households had different implications for each individual, the households and for that matter, the various sites.

From Table 4.9, it is evident that cultivation of maize as a food crop continues to be the most popular staple for agricultural based livelihoods. Almost every individual/household produced either maize or cassava. Indeed, maize and cassava production is crucial to rural people's food sufficiency as they are the main staple foodstuff and they also serve as a measure of Insurance or guarantee<sup>59</sup> for local micro-finance patronage in all the villages except Alawogbee. Of all the sites, only households in Ave-Havi had cultivated large plantations of teak trees that were sold for commercial use for electric poles, using part of their plots of land from food crop production. This had certain implications as the said lands had a long gestation period during which they are unused for food farming. Furthermore, the cultivation of teak trees also affected the sizes of oil palm tree cultivation, as the cultivation of the latter also stands on plots of land for many years. The monies earned from teak wood sales were helpful, but there are no customers if the owners are in dire need of money as only the buyers/contractors have the means of transporting the teak wood to where they were to be used. Some poorer household members mortgaged the trees to the richer members of household or the community in order to raise funds for living expenses.

The diversification of livelihoods at Ave-Havi in the form of food cropping and tree cultivation plus trading across the border, made the Ave-Havi economy better, more sustainable and resilient than experienced at Alawogbee. Food shortages at Alawogbee are a widespread phenomenon and often acute in very bad weather conditions. The youth engage in hunting for bush meat, which can supply more avenues for their protein intake. It has become

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<sup>59</sup> Local money lenders as well as organisers of local micro-financing or what is called susu contribution like security or guarantee when they either give out soft loans or when paid up members were to receive their contributions in the middle of the process. The used and continue to use property such as land, houses (from male contributors) and in the case of females, harvested and stored food such as maize serve as collateral security both for money lenders and local financial institutions. In cases of default, the collaterals could be used to defray the cost involved. Some husbands are so "stable" financially and could also serve as collateral for their wives.

a prospective livelihood for both youth and the adults. However, during the hunting season which often coincides with the dry season, fires set in the savannah in order to find more game destroys many food farms. This destruction is a common occurrence within the Ghanaian sites but rare and prohibited with very stiff punishments in Togo (see Brown, 2003; Conservation International (CI), 2004; Cowlshaw, et al., 2005). Most of the forest has been changed into savannah and finally into short grassland areas due to continuous tillage and incessant bush fires that emanate from hunting expeditions (Bilsborrow, and Geores, 1994).

Diversification of artisan skills is much more profuse with different workshops at Ave-Havi and Akpokope-Wodome (Ghana) than at Alawogbee and Batume (Togo). The process of recruiting and retraining seamstresses and workers for carpentry and fitting shops found within the Ghana sites is a manifestation of the greater number of on-going socio-economic activities in Ghana than in the Togolese sites. Waged labour within the two countries among the rural farmers was based on temporary arrangements. Mobility across the border on a daily and weekly basis created momentary menial jobs which when finished allowed the job seekers to return home. Petty trading was dominated by the Ghanaian women who sold agricultural products, kerosene and cooking fuel, cigarettes and biscuits. However, a few male stores existed where drinks were sold with the help of their spouses or maids.

#### **4.13 Ranking of the Livelihood activities in order of importance**

The rank order of the ten livelihood activities was based on the mean measure of importance where the higher the percentage associated with a livelihood activity, the more important the activity is ranked, as shown in Table 4.10. Cropping was the most important livelihood, with an average of 94.2 % of people from both Ghana and Togo engaged in it. The second most important livelihood activity was livestock raising, which engaged an average of 64.0%. Livestock rearing in the rural settlements was cheap, as most of the livestock feed in the wild. The most important livestock reared were poultry, pigeons, goats and sheep with a few cattle that were reared elsewhere. However, it was not every household that had livestock. The very elderly household heads, especially the female households who did not have many young boys to cater for the animals, tended to have fewer or no livestock. The third and fourth most important livelihood activities were income generating activities and receiving remittances.

**Table 4.10: Importance of Livelihood activities by Households within a country**

<b>Rank</b>	<b>Livelihood Activities</b>	<b>Ghana %</b>	<b>Togo %</b>
1	Cropping	95.6	92.8
2	Livestock Raising	66.7	61.2
3	Income Generating Activities	59.3	51.8
4	Receiving Remittances	34.8	29.5
5	Working for Wage/ Business	14.1	20.1
6.	Harvesting Natural Resources	10.4	18
7	Other	6.7	7.9

Data Source: Field Survey, 2007.

N=280

#### **4.14 Livelihood activities in the study sites**

From the ranking exercise done, based on Table 4.10 by the household respondents, it became clear that there were four main livelihood activities that are very important to the study sites. These activities have been expanded in Table 4.11 below.

**Table 4.11: % Ranking of Main Livelihood Activities within household at each site**

	<b>Food crop farming %</b>	<b>Livestock %</b>	<b>Engage in other income generating activity %</b>	<b>Receiving remittances %</b>
<b>Ave-Havi Ghana</b>	75	56	76	74
<b>Alawogbee Togo</b>	73	61	65	64
<b>Akpokope-Wodome Ghana</b>	79	75	79	73
<b>Batume Togo</b>	74	72	66	65

Data Source: Field Survey, 2007.

From Table 4.11, it can be observed that the first four important livelihood activities engage an overwhelming part of the population, between 56% and 79%. In addition to the cultivation of maize and cassava, sweet potatoes, yams, groundnuts, beans, tomatoes, okro, garden eggs, spinach and pineapples were also grown. Food crop farming collectively towers over all other livelihood activities within the study area. There are, however, differences in the other income generating livelihood activities, such as local cloth weaving (kente) at Akpokope-

Wodome and Batume only. Kente weaving involved a sizable amount of money or high initial capital for the purchase of cotton, coupled with expertise which takes some time to develop. The absence of hair dressing in the Togolese sites and lack of cloth weaving in Ave-Havi (Ghana) and Alawogbee (Togo) have certain implications for girls' livelihood activities. Indeed, the Akpokope-Wodome site plays not only a dominant role in the kente-weaving industry but also in the four main livelihood activities (Table 4.11). The most diverse livelihoods are carried out at Akpokope-Wodome where most of the residents are engaged in multiple income ventures. Each of these activities will be looked at in more detail in turn in latter sections.

#### **4.15 The farming system**

There are two farming seasons during the year, the main season covers April to July, while the minor season is from September to November, encompassing the long and short rainfalls. The main staple food was maize, followed by cassava within Ghana sites, while in Togo maize was used together with yam at times. During the festivals, yams and rice were the favourite food in both countries. The sale of food crops, both staples (maize, cassava) and perishables (tomatoes, okro were observed mostly during the major season (April-July). Very little of the staple food was sold during the minor season as there was about seven months between the minor harvesting period and the next harvesting season. The interviews revealed that farming within the study area is based mainly on rain-fed subsistence farming. An active farmer who hailed from Akpokope-Wodome lamented about the unreliability of the recent weather conditions. He said:

*Reliance on farming alone is a big risk. The rains don't come on time. There is not much money in farming. At times the harvest would not take the family through to the lean season (MHH, Aged 50, Akpokope-Wodome, Ghana ).*

There was always pressure on the farmers to store as much food as possible after every farming season, especially during the lean season. Even though this behaviour was very rational, especially to have food security that could support the household food requirements, this was not always the case. Due to the paucity of harvest acknowledged by most farmers, coupled with the aggregate consumption within the various households and the dire need for wherewithal to meet other daily expenses, farmers with smaller harvests exhausted their storage within a shorter time (see Ellsworth and Shapiro, 1989, & Reardon and Mercado-

Peters, 1993). With regards to maize and cassava farming, there was a greater emphasis on maize and cassava farming in Ghana. Instead, the Togolese counterparts concentrated on growing more vegetables for the sprawling market in Lome. The Togolese government used to import a sizable tonnage of maize in case of drought for her citizens, a gesture that should reach out to the rural border areas.

A 2003/04 FAO Report, edited by Josserand, said that Togo's 2002 cereal production was estimated at 740 519 tonnes, slightly above the previous year's level but 7 percent above average. This implies that the overall food supply situation was assuming an increasing trend. Unfortunately, the apparent improvement of the general food situation in Togo was not reflected along the border areas all the time. The discussion on distribution of livelihood activities by country earlier, under Table 4.9, showed food aid from the Togolese government to the border region studied was said to have been 0.7%, but in reality what got there was far less than anticipated, or else a few would not have looked for food in Ghana. In recent years, owing to global climatic changes, the minor season often experiences a paucity of rainfall or early drought, while the major season either experiences late or too much rainfall, all of which affect the harvest negatively. The study area lies within a geographical zone which is agriculturally marginal due to low rainfall, referred to by Benneh (1970) as the dry corridor of the west coast. A FHH at Akpokope-Wodome stressed the importance of farming and how almost everyone was a farmer within the site in spite of the unreliable nature of the seasons:

*Any person who lived in the village had farms, for that matter, became a farmer. Farming was still the most important preoccupation. People doing business, operating chop bars and shops also had farms. After any good farming season, everyone had foodstuffs/reserve lasting for a few weeks/months. Anything short of that brought untold hardship (FHH, Aged 58, Akpokope-Wodome , Ghana).*

The rural economy of the study sites depends on people using their muscle power to till the land with simple but rudimentary farming tools called cutlasses and hoes. According to a survey conducted in 2007, over 98% of the farmers depended on their household labour, or collective or traditional co-operative farming locally called fidodo<sup>60</sup>. Hired labour and

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<sup>60</sup> Farmers form a co-operative union or alliance on the basis of the size and volume of the work to be done during the farming season. They work on each member's farm in turns until the task was accomplished. This

farming organised by close relatives and other social networks/friends are mobilised to till the land for the chief, as well as some opinion leaders/elderly at the Alawogbee and Batume sites (Togo).

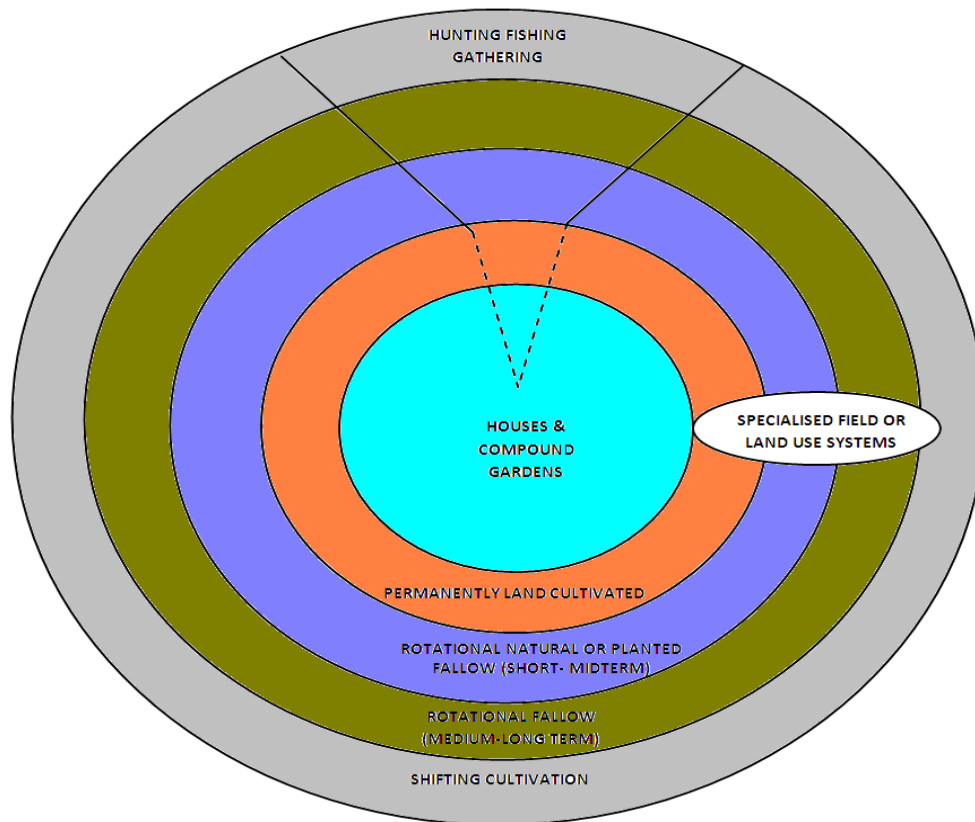
Each individual/household tried to have as many different food crops as possible. They grew nearly all the crops and vegetables they ate, especially their staple food crops (maize and cassava) through one, or a combination of these methods. Indeed, Bryceson (2002) described this mode of production as a form of farming in which nearly all the crops or livestock raised are used to maintain the farmer and his family. This leaves little surplus for sale or trade. As mentioned earlier, due to the differences in the asset base of the people of the study area, each individual or household had a different farm size which was reflected in the various volumes of harvests.

For clarification of the different farming systems used within the study area, I will use a simplified model of spatial organisation of farming systems adapted from Grove & Klein, 1979, below because the farming systems seem comparable with this model. Even though shifting cultivation is no longer practised, the difference between bush fallow and shifting cultivation system of farming is that, in the former, the cultivated fields can be both far and near where no movements of shelters take place as experienced under the extinct shifting cultivation.

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system of voluntary pool of labour is similar to 'reciprocal labour arrangement called *nnoboa*. It often involves people who do not have monies to hire wage labour. See Little (1999); Britwum (2002).

**Figure 4.9: Land use systems within the farming area**



Adapted from Grove & Klein, 1979, page 56 (Spatial Organisation of Fields and Farming Systems in Africa).

Around most households and villages in both Ghana and Togo, the patterns of land usage resembled the Simplified Model of Spatial Organisation of Fields and Farming Systems in Africa (Figure 4.9). Within the two countries, rubbish, animal droppings and compost/manure which were thrown around the villages make these surroundings very fertile for cropping. This year-round fertility promoted a permanent type of cultivation in compounds or the precincts of the villages, similar to the model. On the first rains, the already tilled lands around the villages were sown with maize<sup>61</sup> and tomatoes, usually by the youth and the women. In and around the compounds and backyard were gardens which comprised of livestock or cultivated trees such as palm trees and shrubs. Vegetables such as tomatoes, okra and the staples were planted together with tree crops such as palm trees, oranges and or

<sup>61</sup> The first maize crops when harvested were sold fresh or roasted along the road and sold by the women. Earlier harvested tomatoes fetch a lot of money as they became scarce during the dry season/drought period preceding the rains. Monies from such sales helped individuals/households to continue to buy old maize, highly needed for domestic consumption if the individual/households' stocks were exhausted earlier, this time at exorbitant prices.



mango trees around the homestead to utilise the manure produced around. The crops sown around the homestead were often helpful in providing quick access to food. The lands surrounding the compounds were permanently cultivated, and utilised the benefits derived from crop-livestock integration in farming.

From the boundaries of village land and away from the villages, the bush fallow or rotational fallow model is used (according to the model by Grove & Klein, 1979, Fig. 4.9 above), where the farmers leave parcels of land after being tilled for some time to regain their fertility before the farmers return to the same land. This rotational-natural fallow system of farming is undertaken only by those whose farm lands were/are large and many. Usually the chiefs and elders in the palace/court and a few influential families belong to this category, having large parcels of land and households whose members had travelled, leaving their farmlands fallow. However, the majority of the farms within the sites, especially in Alawogbee (Togo) and Ave-Havi (Ghana) were smaller than one acre.

Even though the model does not fit all the farming activities carried out by these subsistence farmers today, the model denotes how farming in the past exhibited certain concentric circle characteristics of the farmers' farm, from the compounds right through to their main farms further away. There are nevertheless, visible signs of the concentric circles distinctive to the model, relating to gardens around compounds and types of permanent cultivation which were carried out along with the shorter fallow systems of cultivation. The concentric circles model holds true in the study area. After analysing the farming systems prevalent within the study area, it is important to talk about how cultivation is carried out.

#### **4.16 Cultivation**

Ploughing or preparing the field for sowing in the study sites was done by both genders, often with the men doing the physically demanding parts, including cutting the large trees and making mounds. Ploughing, to a great extent, was a gendered farming activity which utilised muscle power from men. The four main methods of cultivation found within the study were the use of human labour, cattle and plough, tractor and donkeys with plough. In fact, only the first and the third method were visible. Other methods such as "bush fires" were used to first expand on the acreage of land to be cultivated, burning trees/shrubs and tall grasses which were difficult to till. In addition, bush fires were also used to clear the savannah or the bush in lieu of preparing the land for farming. Nsiah-Gyabaah, (1996) maintains burning bush

constitutes one of the conflicts between 'man and environment' experienced in Ghana. Despite PNDC Law 46 which was instituted and promulgated in 1983 to prevent bush-burning, (fire burning bushes and farms were rampant in late 1980-1990s) and also to control and prevent the destruction of the environment, bush burning has never stopped.

Out of the four main ways of preparing the land for sowing/planting, human labour was the most important factor for tilling which comprised an average of 87.1% method used in farming. The human labour of individuals and household members often consisted of the farmer, the wife and his children and sometimes other relatives and friends, in Table 4.12. The individuals/household members used simple farming implements such as hoes and cutlasses to clear and prepare the land for sowing.

**Table 4.12: Methods of household cultivation within the countries**

Ways of Ploughing field	Country of respondents	
	Ghana	Togo
	Count ( % )	Count ( % )
Just with human labour	112 (82.4%)	122 (91.7%)
With a tractor	23 (17.6% )	11 (8.3%)
Draught	0%	0%
Total	100%	100%

Data Source: Field Survey, 2007

The use of human labour distribution in Table 4.12 between Ghana and Togo shows how the latter has over 9 percentage points more human capital in ploughing over. Table 4.12 shows farmers from Ghana (17.6%) use twice as frequent tractors used to till land in Togo (8.3%). This difference between Ghana and Togo is of statistical significance: Pearson Chi-Square ( $\chi^2 = 59.415$ ,  $p < 0.001$ ). A more pronounced usage of tractors in land tillage has certain advantages over the usage of muscle power and further implications for volume of agricultural productivity. The total percentage that used tractor and animal traction in the whole study area was 25.2%. This figure from critical observation meant only those well-off farmers used these facilities. The high costs of using the tractor were increasing due to an increase in petroleum prices, and another reason why only a few of the farmers used this method. The crops which constitute the staple food of the rural subsistence farmers and are

predominantly cultivated by the males will be discussed in the next section.

#### **4.17 Maize production:**

Maize is a crop that is farmed twice during the year within the study area, and when dried well, maize can be kept for several months. Upon harvest, most households did not have enough maize to construct barns, in which case the little maize harvested was either put on the verandahs or on the ceilings located in the children's rooms. Large barns symbolise self-sufficiency and food security. The smaller barns quickly get used up for consumption and money for the individuals, and such households have very fragile asset bases and lacked other livelihood activities.

Maize or Corn (*Zea mays*) grows best on sandy loam or loamy soils rich in humus. There are two harvesting seasons which follow the two rainy seasons in the study area. Indeed, maize forms a very important part of the diet of the households within the study area. In Togo, 40-60% of the households cultivated maize out of the total household population found cultivating food crops in general<sup>62</sup> (see Table 4.10 on Ranking of livelihood activities by Households). Maize was and continues to be the most important staple crop that was consumed daily by a large number of people within the sites in Togo. Maize is the largest cultivated crop and occupies the largest cultivated space in Togo (You et al., 2006, 2009; FAO STAT (FAO, 2010). It is grown in all parts of the country. There was a strong relationship between the size of maize farms cultivated and how much quantity was stored upon harvest in Togo, implying the larger the farms in Togo, the larger the maize barns. There were, however, differences in the importance attached to maize cultivation between study sites.

In Ghana, people were more likely to grow maize in the Akpokope-Wodome site, while in Togo people were more likely to grow maize in Batume, even though maize cropping was important in the other two sites. In addition to the low production of maize at Ave-Havi, a large chunk of land was used for teak tree fallow or palm tree plantation, all of which affect the land available for food crop production. Apart from the small farm sizes, Alawogbee (Togo) had the major part of their maize cultivation consumed earlier than the preceding sites

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<sup>62</sup> About 92.8% of the households in Togo sites were engaged in food crop production. The percentage engaged in maize cropping was high and demonstrated the importance of the maize crop.

mentioned. Thus, it was no surprise that small sizes of maize barns were found here.

Maize cropping is undertaken by the two genders within all the study sites. This reflects how important this staple crop is to the Ewes of the study area. However, male headed households had larger maize barns than the female headed households, even though the latter actively took part in the farming process. Almost all the land for farming belonged to the males and male headed households had more household members to assist in the farming activities. This gender difference can be compared to what Carr (2008) argued about the gender role in agriculture. Indeed, Carr (2008:901) argues that “The role of gender in agriculture production has been an important focus of the ‘women in development’ literature since the 1970s “(see Barrientos, Kritzing, Opondo & Smith, 2005; Carr, 2005a; Carney, 1996; Boserup, 1970).

The decision of what proportion of the harvested maize crop should be stored consumed or portion sold was made by the male household heads. The females became vulnerable as they did not sell their produce without consent from their male counterparts. Most of the females’ maize output was consumed by the household, while the men’s were used for different purposes such as consumption and sale.. A sixty year old woman complained as follows:

*“Females were more vulnerable in the household. We were weaker than the men, so were helpless indeed. Women often were not allowed to take initiatives if it involves money issues. To sell what one produced on the farm, one needed acceptance from one’s spouse. There was misunderstanding when one did not inform them. I think our men dislike women having autonomy. Gender roles and most decisions made by the males brought disagreements as someone was doing more than the other within the household”* (Akpokope-Wodome, (Ghana) FHH, De facto, Age 60).

Over 80% of maize produced in male headed households (MHH) was stored, while initially about 16% were sold by the MHHs who had the largest storage (Table 4.13). This was because in the MHHs, maize production was supported by the females’ produce, whereas in the FHHs, there was no other produce that could beef up their harvest. Thus, the small output from the females’ efforts was used for storage, consumption and for sale as well. The bulk of the maize storage were actually done by the male headed households as the females’ maize produced were usually consumed earlier by the household, thereby leaving the males produce to last longer.

The households that had barns and granaries exhibited these status symbols of food security, ‘social insurance’ and apparent economic security; it also manifested good labour mobilisation, management as well as hard work at the household level. In assessing the importance of farming and its associated benefits in the past, the Alawogbee chief argued as follows:

*“Today, the story is sad as the men deceive the women and just got married to them, thereby leaving the women to their fate to fend for themselves. In the olden days, men could not marry if they had not farmed and had barns of maize to show for their hard work. The newly married lady or yet to be married lady and her family could only judge their daughter would not go hungry by seeing the maize barn of their daughters suitor. In fact, having the maize barn was symbolic of hard work, an important qualification which the men’s family used to promise the family of the woman yet to be married by their son how much food would be available to the woman and her future children when she got married to their son.”* (Torgbui Poussesse Agbove III, Chef de village).

#### **4.18 Reasons for storage, consumption and sale of food crops within the two countries**

The seemingly booming markets for food crops were often utilised by households from the Ghana sites that had a bumper harvest or big barns. Even though Togo also had good harvests at times, it was not on the same scale as Ghana. Togo sites were however used to having imported food items as substitutes and sold often on the Togo side of the border. It must be emphasised, however, that households in Ghana with good harvests did not sell all their produce as the individuals or households had to live on the rest of the produce themselves. The larger barns were often associated with larger households where there were more mouths to be fed and more people were available to help with tilling the land. Through the market, some households were able to raise financial capital needed badly for operating other non-farm livelihoods. Larger households do not often exhaust their harvested food because they often have better diversified livelihoods. The ‘near road’ markets within the Ghana sites also aided the sale of perishable food crops by households that had excess to sell. It was not difficult to sell foodstuffs to the wealthy car/lorry owners who plied the road between the regional capital city Ho and Aflao.

Table 4.13 shows that households in Ghana sold more of their crops than those in Togo. Thus, households in Ghana stored (55%) less than quantities the households in Togo stored 62%. The households in Ghana sold more of their produce due to their location along the Ho-Aflao trunk road. Chapter 3 describes how Wodome was a lucrative trading centre up to the early 1990s, due to its strategic location between Ho and Dzodze-Aflao.

**Table 4.13: Percentage crops sold, stored and consumed by households in Ghana/ Togo**

Percentage of crops	Ghana	Togo
Crop sold	22%	15%
Crop stored	55%	62%
Crop consumed	23%	23%

Data Source: Field Survey, 2007.

It was observed from the study that the storing of food stuffs in Togo was related to the age of the household head. Indeed, the age group 50-59 years in Togo was most likely to store more of the harvest. Small households stored their produce from the beginning of the harvest like all other households but it was consumed early. The question of who sold, consumed and stored within the two countries was important. The households that had large volume of produce for storage and consumption were indicative of households that were self-sufficient, and more food secure due to a reasonable volume of food being stored. The FHH and the MHH differed in their total output of crops, where MHH with more lands and human capital harvested more. The FHH had few people to consume their products, but it must be stated that their total output without external support was often too meager to last long, especially when they had less diversification of livelihoods leading to more pressure on the little that was produced.

Food was not stored often due to weather conditions or large households that must be fed. Such households which had a mismatch between production and output needed for consumption could be said to be more vulnerable with implications for poverty, livelihood strategies and HIV/AIDS impact. In Togo, a smaller percentage of households were found to be selling part of their crops compared to Ghana, only 26% of households in Togo were selling over 70% of their crop. In Ghana, 45% of households were selling over 70% of crops.

Over 50% of the households in Togo, sold less than 100,000<sup>63</sup> CFA of their crops over a period of time while in Ghana, 56% of those households that sold crops during the same period sold about 500,000 CFA<sup>64</sup> indicating the importance of food crop trading. Even though it was the male household heads that decided to sell a great deal of their produce, the actual process of selling either in the homes or the market was done by women.

There were also a few women traders in Togo who became market mamas<sup>65</sup>. Owing to larger male headed households, they were able to produce more food crops indicating more food security (Refer to Chapter 4, Section 4.9, Figure 4.4- 4.8). The production process within the study area was only completed when food crops produced were stored properly due to the free range rearing of livestock after the harvest season. Barns were made for maize crops and roofed with thatch, and at times maize was kept in rooms with fences to prevent animals from reaching the crops.

#### **4.19 Storage Mechanisms**

Subsistence farmers have simple and rudimentary methods of either preserving or storing their consumables. Along with maize, groundnuts and beans were also stored in specially made storage places. For fear of food poisoning and also due to lack of more scientific knowledge, households did not use insecticides that could prolong the life of the crops kept in storage shelters. Some worms and tiny insects often ate part of the crops in their barns without the households knowing it. Storing either beans or groundnuts was neither difficult nor did it involve much labour. Beans were dried, stored in bags and/or kept in a dry place, like the kitchen. They used to be sold during the minor/lean seasons, except the quantity that would be consumed by the individuals or households was left intact.

In addition, cassava is another staple, but perishable produce. As the roots of cassava trees can stay fairly long after maturity in the soil, cassava often played an important role as a good

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<sup>63</sup> CFA franc is used in Togo while the currency used in Ghana is called cedi. The exchange rate at the time of the study was as follows: 465 CFA =US\$ 1.00, 20,000 cedis = US\$1.00

<sup>64</sup> Most household heads and individuals in the same households made slightly different quotations of income, as no proper accounting methods were used. The majority of these rural farmers never went to schools. They therefore lacked record keeping and kept most things in their heads only. Statements on numbers must be cross-checked and not taken on their face value.

<sup>65</sup> After years of trading to and from Lome, a few of the market women became established either in their settlements or within the Lome metropolitan area in businesses with a lot of capital resources: cars, shops or stores selling provisions and basic items on wholesale.

reserve when there was a poor harvest of other crops. Ave-Havi and to some extent Akpokope-Wodome processed cassava into a product called gari<sup>66</sup> which was used for home consumption and or occasionally selling. Gari and beans used to be a popular meal among the ‘poor’ and school children. Even though cassava was the second staple food crop, it was not stored as it was very perishable. Upon maturity (between 3-5 farming seasons), only those households that had larger parcels of farm land allowed cassava to be in the ground for some time. Households that needed the land for new farming uprooted it and made gari, selling the rest in order to create space.

**Table 4.14: Respondents’ response on Percentage of Maize stored and sold**

	Storage %	Selling %
Akpokope- Wodome (G)	78	22
Batume (T)	74	26
Ave-Havi (G)	60	40
Alawogbee (T)	66	34

Data Source: Field Survey, 2007.

From Table 4.14, it can be seen that all the sites sold part of the maize harvested, but the largest storage was found at Akpokope-Wodome and Batume. In citing Terpend (2006), Brown et al (2008:4) maintain that “Farmers in Burkina Faso, for example, sell only 10-20% of the cereals produced, consuming the rest within the household or exchanging them for other goods and services with other households in need”. The Burkina Faso situation (Brown et al., 2008) nearly replicates itself within the first two sites as seen from Table 4.14 and especially Table 4.15. The houses had barns which were commensurate with the sizes of the households. It was observed that the larger the household size, the bigger the maize barn, all things being equal. Akpokope-Wodome (Ghana) and Batume (Togo) depicted the aforementioned scenario, with visible sizable maize barns lasting throughout most of the seasons, while other livelihood activities served and supported the cropping activities. Over dependence on staples such as maize in Ave-Havi and Alawogbee meant households depended very much on their production for home consumption, culminating in earlier depletion of the storage.

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<sup>66</sup> It is West African cassava flour. It is grated cassava (dough) mixed with water so as to reduce starch. It is later on put in sacks or perforated bags and left under some heavy stones to get well drained of water and starch. It is later sieved and roasted.



There was a relationship between larger households earning more money from maize production at the Akpokope-Wodome (Ghana) and Batume (Togo) sites. Part of the maize stored was sold in order to cater for the daily living of the household such as purchase of medicines, school fees, clothing and funeral expenses. At times, the old maize stored was sold when found to be spoiling or to make available money to purchase new seeds for the ensuing season.

Citing Campbell & Shackleton, (2001), Masanjala (2007: 1038) contends that, “despite the fact that women on predominantly small rain-fed farms produce up to 70–80% of the domestic food supply and also provide about half of the agricultural labour, in most sub-Saharan African societies, women’s economic contribution remains under-appreciated and unrecognised due to their lack of power both inside their own households and in the community at large”. The phenomenon of males’ decision making over food crops production within the study was similar to how Masanjala (2007) describes unequal social relations between genders as far as maize crop production and consumption was concerned. From the study, it was found out that the maize crop produced in the study area was a cash crop<sup>67</sup>, where the men control of the production and sale of the crop. The women’s share of the produce rarely attracted cash returns as it was often was consumed within the household domain. Carr (2008, Ibid) asserts that “Gendered vulnerabilities are not the simple outcome of a social categorisation, but are created and recreated through social practices that operate at scales as small as the household”. The following section analyses the second staple crop – cassava production within Ghana sites.

#### **4.20 Cassava production:**

Cassava (*Manihot esculenta*) in the Ewe language means “*there is life*”, which implies that households which grow cassava will not go hungry or perish, but will have life. The important role cassava plays in the dietary life of the people of the study area can be deduced from this linguistic accolade. Cassava is a perennial crop which grows to about 6 feet and produces clusters of long and narrow tubers. The Ewe people have many uses for cassava,

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<sup>67</sup> Within the cocoa growing regions of Ghana and Togo, even where there was a maternal inheritance practised (as in the Akan cocoa-growing parts of Ghana) the genders did not have equal social relations. The men often had the land or bought the land from the land owners and therefore the cocoa or the coffee farms only belonged to the males. The females only produced food crops for home consumption.

including fufu and gari<sup>68</sup>. In Togo, the staples are maize, yams, cassava, millet and rice while maize and cassava remain the staple foods in the Ghanaian sites, except during parties and public celebrations. Rice is cooked in very many different forms in both countries with varied sauces and soup. Processing cassava into gari or tapioca which attracts higher prices across the border is done by women, with their small quantities made for domestic consumption. Notwithstanding, it 45% of male headed households made \$50 on average from cassava, while 17% female headed households earned \$50 during the season as it was the men who were the dominant growers of cassava.

#### **4.21 Traditional cropping methods that aid food security**

Rural farmers in the study area have extensive local knowledge (Scoones and Thompson, 1994; Escobar, 1995; Sillitoe, 2004; Sen, 2005; Briggs, 2005; Sillitoe, and Marzano, 2009; Sillitoe, 2010), based on generations of experience on the fragile nature of the local environment and risks associated with it. They often spread the risks as widely as possible by cultivating a variety of crops which tolerate different soil types and weather conditions. Two main cropping systems namely, crop rotation and intercropping were undertaken in all the four study sites. Through these two main methods of farming, farmers were able to have some form of food security, as during seasons with harsh and unreliable weather conditions, they were able to achieve some degree of harvest. Table 4.15 shows that the staple food crops between Ghana and Togo are slightly different. While maize and cassava are the main staples in Ghana sites, maize and yams are the staple food crops within Togo. Yam is grown in almost every part of Togo. Currently, the annual mean production is about 600 000 tons from a total cultivated space of 60 000 ha. Yam is cultivated traditionally on a subsistence basis, but is now traded in large commercial quantities especially in urban areas due to extensive research (over 40 years) on improving high yielding, disease resistant and good tasting varieties (Kpemoua and N’Kpenu, (2010).

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<sup>68</sup> Fufu is a process of cooking cassava, firstly by peeling, soaking or boiling to remove the prussic acid, and then pounded and made into a kind of dumpling. It is made into gari when the tuber is boiled or fried after initial peeling or soaking or dried and later grated into flour. The moist pulp may be warmed slowly in a bowl over fire/heat for a long time, roasting it to produce ‘gari’ meal.

**Table 4.15: Staple Crop rotation/inter-cropping among households in Ghana and Togo**

Ghana		Togo	
Men	Women	Men	Women
crop-rotation /intercropping	inter-cropping	Crop-rotation /intercropping	inter-cropping
Crops:maize, cassava, tomatoes, yams	maize, cassava, groundnut, tomatoes	crops- maize, yams,	maize, garden egg, beans

Data Source: Field Survey, 2007.

From Table 4.15, it is observed that while the male household heads can use the two methods of cropping, namely crop rotation and inter-cropping, women can only practise inter-cropping due to the smaller sizes of land they have. In Ghana, women used the inter-cropping method to grow the same crops the men were growing in other ways, implying that the women's products were supplementary or would be consumed domestically. Growing crops by the two methods is similar to the principles behind *diversification of livelihoods*. It meant that if some crops failed to yield, others might not be affected due to different soil nutrient requirements coupled with varying degrees of resilience to harsh weather conditions. Over reliance on one crop production per season was risky.

#### 4.21.1 Crop Rotation

This is a farming method whereby a number of crops are grown on a fixed farming land that is divided into parts by the individuals or the households. As can be observed in Table 4.16, traditional farmers divided their farm lands into many parts for the purpose of growing different crops. In earlier times, the people used to 'rotate' land to gain more fertile soils. Crop rotation is widely used in sub-Saharan Africa (Giller, et al., 2009; Pretty, 2011; Giller, et al., 2011; Scherr, 2011; IFAD's (ASAP<sup>69</sup>), 2012). When crops are planted on a rotational basis, they are swapped with other crops after the yields become low and the soils become less fertile. By rotating crops on the same land, different crops which need different food

<sup>69</sup> The Adaptation for Smallholder Agriculture Programme called ASAP, was introduced by the International Fund for Agricultural Development (IFAD) in 2012 to enable climate and environmental finance support smallholder farmers. This window of opportunity was created within IFAD called ASAP, which, as a new source of co-financing to scale up and incorporate climate change adaptation across IFAD's US\$1billion per year of new investments.

nutrients cannot exhaust the overall fertility of the land which would result when one crop continued to be grown year in and year out. It is argued that the land on which intercropping was done produced better yields than lands on which monocropping<sup>70</sup> was carried out and at times, the farmers intercropped with nitrogen fixing<sup>71</sup> plants such as groundnuts and beans with staple crops. Giller et al., (2009) argue that crop rotation serves as the basis of conservation agriculture (CA), of which numerous approaches emphasise the use of cereal–legume rotations. In sub-Saharan Africa, the most extensively grown legumes in the farming systems are the grain legumes; groundnut (*Arachis hypogaea*), cowpea (*Vigna unguiculata*) and common bean (*Phaseolus vulgaris*).

From the study, it was observed that crop rotation and intercropping were practised by almost all of these small scale farmers within Ghana and Togo, with variations in the crop-mix and length of rotation. From Table 4.16, there were four different kinds/patterns of crop rotation undertaken among the majority who had sufficient land to farm. The sites in Ghana rotated maize/cassava/groundnuts/tomatoes with leguminous plants, varying each farming cycle, based on forces of supply, demand and current prices, while in Togo the crop rotation was maize/yam/cassava/beans. Leguminous plant coverage in both Ghana and Togo were much smaller than land given over to staple crops, which were the main food crop they consumed themselves.

**Table 4.16: Different types of Crop Rotation practiced**

<b>Farming Plot A</b> - First farming cycle		<b>Farming Plot B – second farming cycle</b>	
Maize		maize	cassava
Cassava			
beans/tomatoes/ pepper	sweet potatoes	beans	sweet potatoes/groundnut

<b>Farming Plot C -- Third farming cycle</b>		<b>Farming Plot D - Fourth farming cycle</b>	
maize/cassava	potatoes/groundnut	maize/cassava/tomatoes /pepper/okro/spinach	

Data Source: Field Survey, 2007.

<sup>70</sup> Mono-cropping is a system of farming when a single crop, such as maize or cassava, is grown year in year out and as a result depletes the nutrients in the soil.

<sup>71</sup> The leaves decay through natural processes, rejuvenating and replenishing the soil with nutrients needed by the crops.

The crop rotation method makes it possible to harvest different crops at the same time and also to guarantee food security for the various households within the study area. Diseases which affect, say maize, do not necessarily affect cassava or groundnut. There were four main types of the crop rotation method observed Table 4.16. The ability to rotate crops depends on availability of land to the individuals or households. The farmers whose lands were small, the landless farmers who rented out land to farm and the women and children within the study sites did not practise crop rotation. Alawogbee (Togo) did not do much crop rotation due to scarcity of land.

#### **4.21.2 Inter-cropping method**

In intercropping, different crops are sown together interchangeably on the same parcel of land. Citing Okigho and Greenland (1976), Sani et al., (2011) described intercropping as the most extensive cropping system found in Africa and estimated that 99% of cowpea, 95% of groundnut and 75% of maize cultivated in Nigeria are intercropped. Alabi and Esobhawan, (2006) argue that plant population becomes denser and able to control weeds with these crop mixtures. Intercropping extends not only the long-term productive period of the soil but also the soil is protected by leaf cover and roots, which extends the cultivation period. A number of researchers have testified to the advantages of intercropping over monocropping (Okigho and Greenland, 1976; Ogunwole, 2000; Quainoo et al., 2000; Makinde, 2011). A season that negatively affected a grain crop for instance, might not affect crops with stems or ‘tree-like’ crops (e.g. cassava) in the same way, as these crops had different tolerance levels of drought conditions. It is a system that controls soil erosion and allows farmers to have some harvest even in very harsh weather conditions. As was observed, inter-cropping of maize and cassava was a popular way of growing these two staple crops, however, there were other food crops that were grown to support the staples.

**Table 4.17: Different intercropping methods**

Site/Country	1 <sup>st</sup> season Main (April-July)	2 <sup>nd</sup> season Lean (Sept-Dec)	3 <sup>rd</sup> season Main		4 <sup>th</sup> season Lean
<b>Alawogbee (Togo)</b>	Maize/yam	maize/yam beans	maize	beans/ groundnut	maize, pineapple groundnut, okro, cabbages
<b>Batume (Togo)</b>	Maize/yam	maize/yam groundnut	maize	groundnut cabbages	maize, tomatoes, cassava
<b>Wodome-Akpokope (Ghana)</b>	Maize/cassava	maize/cassava tomatoes	maize	groundnut tomatoes, beans pepper	maize, tomatoes, pepper
<b>Ave-Havi (Ghana)</b>	Maize/cassava	maize/cassava sweet potatoes	maize	potatoes, groundnut, okro	maize, tomatoes, potatoes, okro

Data Source: Field Survey, 2007.

From Table 4.17, it can be seen that maize is grown in almost all the farming seasons, and is an important food crop to the individuals and the various households within the study area. In first season which is also the main farming season (April-July), the intercropping seems very simple, as it often comprised of the two main staple crops – maize/cassava/yam until the nitrogen fixing crops were inter-cropped during the 3<sup>rd</sup> season. Food security to these rural farmers meant having enough maize and cassava. A man who was 50 years old and a resident of Akpokope-Wodome emphasized this as follows:

*“The man has always been the head of the family. They are supposed to take care of the household. Fortunately, they have larger farms sometimes more food and other resources. Despite everything, anyone who has a lot of the main food crops, maize and cassava has guarantee to survive and highly secured during a hungry period”* (MHH, 50 years, Akpokope-Wodome, Ghana).

Notwithstanding, maize production was more pronounced within the Ghana sites than the Togo sites. After the first two seasons, the cassava trees and their leaves form a vegetative cover, almost like a canopy, that often stifled the proper growth of the maize crop. The

intercropping system brought less maize production during the third season in Ghana when compared to its first season's total production. Thus, the maize harvest was affected negatively, a problem the Togolese counterparts tried to offset usually during the third season by cashing in on the local market demand for vegetables by intercropping with cabbages, groundnuts and beans. The Togolese planted cassava during the lean season so that they would harvest during the second season. During the third and the fourth seasons, Ghanaian sites predominantly farm sweet potatoes and tomatoes which was in high demand locally and across the border.

#### **4.22 Households earning incomes through sale of crops**

Table 4.18 shows income earned from the sale of food crops, mostly from maize production within the major season (April- July). Poor farmers who belonged to the low income group (\$0-\$100), sold most of their produce when food was in abundance and prices were low, since nearly every household had foodstuff just after their harvests. The second category of the farmers (\$101 -\$200) were those who depended on other livelihoods but which were not self-supporting without sales of staple crops to both beef up livelihoods and be able to support the household, referred to in this case as medium income earners. The third category belonged to the highest income group, who were those who normally had many diversified livelihood activities and did not always depend on the income from staples to survive. It must be noted that income reporting especially in rural Africa has certain problems; for example, men would often not like their spouses to know their real incomes, as it could involve more financial obligations. (See Nukunya, 2003).

**Table 4.18: Country of households that earn income from cropping**

Country of Respondents	Income earned from crops 2007 in the month of July			Total
	Low	Medium	High	
	0-\$100	\$101-200	\$201-300	
<b>Ghana</b>	32.4%	33.8%	33.8%	100.0%
<b>Togo</b>	34.8%	32.6%	32.6%	100.0%

Data Source: Field Survey, 2007.

Data from Table 4.18, and the way the farmers reported their incomes in Africa, coupled with cross checks of their total income and outlay revealed that farmers who earned high incomes from the sale of their farm produce had other thriving livelihood activities which they depended on for income generation and sustenance. Thus, diversification of livelihood activities and for that matter, diversification of income streams (Reardon, 1992; Carney, (ed)., 1998; Ellis, 1998; Scoones, 1998; Niehof, 2004) enabled some farmers to have other sources of income, thereby preventing them from over-relying on farm products. Farmers whose diversification of livelihood strategies was not so viable consumed much more of what they produced. Farmers from Ghana who had different sources of income or food waited until the prices of staple were more favourable before they sold their produce. Table 4.18 shows how at each time when the prices were attractive, say between the medium and when high incomes were to be earned (\$101-200 & \$201-300), the sites in Ghana sold higher (33.8%) than their Togolese counterparts (32.6%).

#### **4.23 Diversification of livelihoods**

Diversification can be defined as a process through which households create a portfolio of livelihoods in order to achieve a certain degree of security and by so doing increase the living standard (Ellis, 2000) and aid rural poverty reduction. Most of the residents engaged in different livelihood activities, with the most popular being food cropping, which engaged



over 90% of the border residents (see Table 4.10). Since food cultivation depends on land for farming, people without farm lands needed alternatives. Even residents with sizable farm lands often were disappointed by the unreliable nature of the weather conditions, and engaged in different livelihood strategies with the mind that they did not face serious threats. In such a situation, limited assets were either exhausted or under severe threat, which again influenced the livelihood strategies adopted.

Mobility or migration has been identified as a strategy through which people earn money to be remitted to their homes. In fact mobile populations who travelled to and from the border admitted how profitable it was to trade across the border and how it helped in the re-investment of other livelihoods. Mobile populations comprised mainly those who travel across the border on a daily and weekly basis for trading and other menial jobs. Survey data collected in northeastern Burkina Faso indicates how seasonal migration helps households to invest in their main pastoral activities (Konseiga, 2005). The richer persons even though were found diversifying their livelihoods, concentrated on a fewer livelihood activities than the less wealthy who as a result of lack of substantial financial outlay, tried many more numerous livelihoods with the intention of spreading risk between the strategies. The main strategy adopted to mitigate shocks brought about by long-term illness and HIV/AIDS were rope making by elders/women from the bark of the baobab tree. Other women were found making palm oil and local soap, selling food items as vendors in the street, and making of charcoal for fuel, while men distilled local dry gin (akpeteshie) especially on the Ghana side of the border. Diversification of livelihoods is more prolific and viable within Ghana, due to more diversified livelihood activities the Ghanaians undertake with the intention of cashing in on the thriving market found in Lome, the Togolese capital.

It is interesting, however, to note that due to the negative connotations attached to working on the border, none of the people surveyed responded as to having crossed the border for wage labour, as we can see from the Table below those undertaking waged labour on the border prefer to be referred to as people “doing business”, as the latter is considered ‘ego-boosting’ or has some kind of status associated with it. It has been said that the 10 and 7 people from Ghana and Togo respectively, who never gave any reasons why they crossed the border (Table 4.19), were people who smuggled and continue to smuggle goods through the bush paths thereby avoiding duties/tax but fear the consequences when caught.

**Table 4.19: Reasons for crossing the border**

<b>Reasons for Crossing Border</b>	<b>Country of respondents</b>	<b>Country of respondents</b>
	Ghana N= 130	Togo N = 133
<b>Relatives</b>	57 (43.85%)	88 (66.2%)
<b>Trading/Business/Labour</b>	59 (45.38%)	44 (33.1%)
<b>Funerals</b>	11 (8.46%)	1 (.8%)
<b>Festivals</b>	0 (.0%)	0 (.0%)
<b>Farming/Grazing</b>	3 (2.3%)	0 (.0%)
<b>Total</b>	130 (100%)	133 (100.0%)

Data Source: Field Survey, 2007.

The Ewes have been one ethnic group who stayed together without the inhibition of travelling to visit each other. The strong blood ties and sympathies they showed towards each other far outweighs the closure or other inconveniences faced while crossing the border to visit each other. This can be explained by the proximity and accessibility of factors of commerce such as trading, business and menial jobs that abound on the Togolese side of the border and within Lome, the capital city of Togo.

#### **4.23.1 Migration**

As has been elaborated in chapters 1 and 2 (session 2.4.5 & 2.4.6) and in the preceding session (4.23), migration and mobility constitute movement across the border, but while the latter constitutes movement which ends back home the same day or a few days after, the former ends up in long term absence or permanent time duration from the place of birth. According to most of the people interviewed in Alawogbee and Ave-Havi, every 8 out of 10 people would have liked to travel out of the settlements so as to avoid poverty, deprivation and to experience life in other parts of the world and would probably return to settle in their birthplaces. An informant stressed that at times the people who traded across the border and returned either the same day or week, did not think that they migrate in search of other viable or “supportive”/supplementary livelihoods. Thus people, in search of finding solutions to their perennial food shortages, i.e. trading in foodstuffs cross-border in times of glut or harvest, coupled with lack of very sustainable employment avenues; all kinds of able-bodied

people travel from the study area either on short or long, permanent or temporary journeys farther away than the border. Most of the views of these migrants and potential traders across the Ghana-Togo border, however, have been captured in a statement by De Haan (2000). De Haan (2000:1) argued that

“Migration is part of active livelihood strategies, but is also determined by social context, and is determined by social norms and structures. Household composition, gendered ideologies and social contacts and networks determine who migrates, and who can profit from opportunities arising elsewhere. Migration tends to be less disruptive of social structures than often assumed. ... migration may reinforce ‘traditional’ structures, ideologies and support networks, but migrants also create new identities”.

The active way people of the study area moved away from their settlements therefore consisted of two main streams, movement from their settlements to either a nearby or distant environment in search of farm lands (rural-rural) to farm or travelling to urban centres and national capitals (rural-urban) with tradable goods to sell, such as in Lome, Togo or in search of jobs as found in Accra, the national capital of Ghana or Takoradi, Tema or Ho. See the case examples of households’ composition and the non-residents profile and locations. Family relations from Togo in search of lands for food and cocoa farms in Ghana, travelled and continue to travel to Ghanaian relatives from Akpokope-Wodome or Ave-Havi staying in the Western, Brong Ahafo, Eastern and Ashanti regions where pieces of such Tropical Rain forests abound for cash crop production. The changes in colonial administration of Togo, from Germans to French and the coercive labour and tax, forced many men out of Togo to Ghana before and after Ghana’s independence (Asiwaju (1979). Relatives of Togolese migrants visit for short/long duration visits in contemporary times also.

As a result, most Togolese migrated to Ghana during the colonial and early days of independence for decent employment (See Twum-Baah et al, 1985). The act of Ghanaian traders also sleeping over with relatives in Togo, to be able to seize opportunities in using their labour power to do jobs or sell their goods or foodstuffs in the Togolese markets can be seen as ‘reciprocal exchanges’ of tangible or intangible values and rapport that bind the same ethnic people (Ewes) in their daily dealings. The other pattern of movement consisted of people crossing the border to either nearby or distant locations and even abroad to look for

‘greener pastures’ or to attend schools. Due to the need some household members fall into temptations of having unprotected sex with people on the border and as a result “inject” HIV into the sexual network of polygamous relationship. See the case examples of households A-E of the negative impacts of HIV/AIDS within the study area.

#### **4.24 Mobility and Migration as a livelihoods strategy**

The massive movement of human population across the Ghana-Togo border on a daily, weekly, or monthly basis is intriguing. It had been observed that there are two main pathways by which people cross the border, mobility or migration. The non-residents linked to their households through the remittances they sent home to their families and regular visits which some of them undertook. The sum total of the people who migrated was less than those who resided in the settlements and carried out different livelihood activities. At a time when a lot of research was conducted to ascertain to what extent Africans, especially sub-Saharan Africans were travelling to Europe, the studies did not anticipate the population walking across the border, being driven to the fringes or through the border to either do brisk business, or look for waged labour, work, ran errands across border buy and sell, or visit relatives. Nearly 38 percent of South-South migrants known, hail from countries that have higher incomes than their receiving country, and about 80 percent of the South-South migration stream occurs between countries with common borders (Ratha and Shaw, (2007). As a result, this study will highlight mobile populations, especially in the face of HIV/AIDS, as it is not only long distance or semi-permanent travellers who have high risk of HIV infection.

In terms of working for wage/business across the border, the sites in Togo had over 20.1% of its residents involved while Ghana had just a little over 14.1% (Table 4.10). Manu (2001) argued that migration has become a strategy that individuals and families utilise in order to survive in the face of either socio-economic or political difficulties. Migration is said to be semi-permanent or permanent feature where people travel in order to seek greener pastures and send remittances home when needed. Those who cross the border daily and monthly also try to look for money, and visit relatives at the same time, come back with money within shorter periods of time than migrating persons. On Table 4.11, it was observed that Akpokope-Wodome was the site which had the highest percentage of food crop farming and livestock raising. It also engaged in other income generating activities and was the second highest site that received remittances from relatives.

#### 4.25 The Role of Microfinance

In sub-Saharan Africa, microfinance has been observed as a vibrant sector but due to lack of reliable information, it has been challenging to study (Lafourcade, 2005). Credit financing within the rural setting in Africa has been very difficult to come by (Gurgand, et al, 1994, Xaba, et al., 2002), although it is of vital significance for rural development. Aryeetey, (2005) argues that informal finance incorporates the operations of both savings and credit associations (SCA) which are popular in Africa, and involve both professional and ordinary money-lenders; traders, chop-bar keepers, grain millers, subsistence farmers, relatives and friends as well as mobile bankers. Micro-Finance in the form of local *susu*<sup>72</sup> contributions/collections, on either market days or a day after the market days was very common in Ave-Havi (Ghana) but was not found in Alawogbee (Togo). A few people who hailed from Alawogbee (Togo) went to be incorporated in the Ave-Havi (Ghana) credit association. Local micro-finance arrangements were based on a fairly stable and sustainable income and or wages which must be always available to enable the contributions to be paid at regular intervals without defaults<sup>73</sup>. The importance of micro-credit financing within the rural ecology is as a result of the lack of financial support given to people from the central government, especially small scale farmers. A few, if not a substantial part of the rural livelihood activities undertaken by both genders, were as a function of personal assets owned by individuals or households. A few others also carried out their livelihood activities based on the contributions made by micro-finance associations or the *susu* contributions. Most of the women's trading activities were based on the capital assets acquired via micro-finance contributions, financial assistance from one's family or rich husbands, assistance from money-lenders and through other social networks. An opinion leader/teacher at Akpokope explained:

*“The collateral requests from the financial institutions of prospective customers in need of loans or willing to borrow from the banks did not satisfy most rural people. How many people in our peculiar situation have something substantial to show, in form of property before collecting loans, he asked! The most vulnerable and most of*

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<sup>72</sup> These are money contributions made by the people, usually women on days after market days, with the intention of creating capital assets. These monies are often contributed according to the abilities/capabilities of the paid up members for micro financing of their future projects. These are used to defray debts incurred in business or during the illness/death of household members.

<sup>73</sup> People who did not pay on one occasion (when defaulted) had to pay double contribution of what one usually paid. They were very strict with this aspect so as to enable people whose time was due to collect their contributions without any inhibitions.

*the people living hand to mouth lives would not be able to secure any of these loans. The fear is that, the richer people would continue to have the needed support at the expense of the poorer ones, not forgetting the women. If I had the power, I would have changed the rule”* (A teacher in his 30s, Akpokope, Ghana).

Micro-finance as a rural credit scheme was helpful, and appeared as if it were open to all persons to join to be able to secure funds for other livelihood activities. It was a preferred local mechanism of raising funds compared to the formal banks that were located far away from the rural settlements. In order to avert high default rates, not all people participated in it as some of these persons had irregular incomes or did not have other viable livelihoods to assist them pay their regular contributions.

#### **4.26 Gender and livelihoods**

Cultivation of food crops was done by both genders, but the selling of food crops extracted or cooked either in the domestic market or across the border, was mainly done by women. These activities coincided with the daily chores the women performed in the household domain by looking after the household, including cooking for their children and families without any formal remuneration. While the female headed households would have to do everything for their families, from care, to payment of school fees out of the meager resources available, male headed households through the customary laws inherit land and other resources.

**Table 4.20: Gender and livelihoods**

Gender	Activities specific to the gender	Common livelihoods to both Genders
Male	Subsistence farming, Maize/corn, cassava, livestock, and planting of palm trees, distilling of Akpeteshie (locally made alcohol), carving, weaving of kente, baskets, fitting shop for repairs of motors and lorries, tailoring, carpentry and masonry works, driving, Native doctors/herbalists	Subsistence farming, livestock, poultry, store-keeping, susu collection (rural credit creation), selling of locally made kente cloths, working for a wage/ doing business, selling of locally made cloths, teaching profession, and as native doctors/herbalists..
Female	Subsistence farming, Maize /corn cassava, livestock, okro, tomatoes, pepper, petty trading, hairdressing, poultry, store-keeping, <i>susu</i> collection (credit creation), selling locally made kente cloths, working for a wage/ selling of locally made cloths, teaching, fetching firewood, making charcoal, Native doctors	

Data Source: Field Survey, 2007.

From Table 4.20 it can be seen that there were more diversified livelihood activities for FHHs to undertake. This is because the livelihood activities undertaken by the FHHs coincide with the numerous domestic chores (which did not attract any money), as well as chores they undertook to earn money. The cultivation of palm trees, which took many years to mature, was done only by the males, with the assistance of females and children within the household. More than 60% of livelihood activities carried out by females such as growing of food crops (often consumed by the family), selling of foodstuffs, food vending, selling of firewood, did not attract remunerations compared to the livelihood activities carried out by the males. See Tables 4.15 and Table 4.19. If the FHH production was often stored and sold like the MHHs, the women would also have money, but this was not the case. Furthermore, all the domestic chores carried out by the women in form of care and looking after the household did not attract any financial gains or transactions.

The resources per capita within the de jure female headed households were found to be either small or inadequate. This was confirmed by most of the de jure heads and articulated

succinctly by one female headed household, who said:

*“I did not have anything or help from anywhere. No man supported me financially. I had to work on my own to be able to feed the young children, especially the girls, whose clothing, home science fees in addition to the usual school fees were rather high. I had difficult times surviving. I wished the local authorities could help us out of these difficult economic situations”* (A de jure Female headed household, 50 years, Ghana).

Numerous challenges, coupled with economic deterioration and the impacts of HIV/AIDS have intensified the burden on women, with an increase in female headed households that have, in many cases, been forced into livelihood diversification.

#### **4.27 Livestock rearing within the sampled region**

Livestock rearing is the second dominant livelihood activity of the study area. It engages about 66.7% and 61.2 % (Table 4.10) of the people of the sampled region of Ghana and Togo respectively. The animals reared were poultry, goats, sheep, cattle, pigs and rabbits. Livestock rearing was not only the second major livelihood activity, but it also engaged children, men and women alike. The poor as well as the rich people of the region engaged in this livelihood activity which became an important contribution to the people's well-being. It must be said that the rearing of animals have both economic, as well as social values attached. In addition, children helped their parents to cut leaves and grass for goats and sheep. Thus, there is a social dimension to the keeping of livestock, especially with poultry and goats. When people received important visitors or when members of the household travelled and came back safely, these animals were slaughtered, marking the importance of their visit or return.

A cattle rearing had a significant gender dimension and was done on a very small scale with small herds, even though it was an important aspect of livestock rearing. The arrangement between Fulani <sup>74</sup> people (those with expertise of rearing cattle) and the farmers who owned cattle seemed to be similar to the share cropping done by some landless farmers. Only a few

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<sup>74</sup> These are nomadic people who are noted for rearing of cattle. They come from the northern parts of the country. The few cattle are given them to be reared together with other people's herds.



rich men engaged the services of the Fulani who moved with the cattle from place to place in search of feed/grass. Cattle-rearing serves as a traditional store of value and symbolises wealth in itself and an insurance against severe food insecurity (Knips, 2004; FAO, 2006; Kahi & Rewe, 2008; Sandford, & Ashley, 2008; Swanepoel et al., 2010; Marshall, et al., 2011; Rege et al., 2011; Van Arendonk, 2011). Livestock ownership differed between Ghana and Togo. While few herds of cattle were owned and kept out of the sites by the better offs within sites in Ghana, in Togo, the herds of cattle were owned by persons who were of middle income. The people who owned cattle in Ghana had more buoyant and diversified livelihood activities (on-farm/livestock/trading) than the average “successful” farmers. The situation is mixed in Togo where some of the cattle herders were successful in on-farm livelihoods but not as much as some women popularly known as benz mamas who were large scale trading persons. It was established that beef in the Togolese capital, Lome, has always been cheaper than in Ghana.

In a female headed household the mean income realised from the sale of goats was \$118.70 while the male counterparts had \$853.31 (Table 4.24, In Appendix). Thus, keeping animals for sale was a very active livelihood activity of the region. Each site had a separate local market day where all kinds of exchanges took place, attracting people from far and wide. There are other distant and larger markets such as Dzodze, Agbozume, Akatsi, Kevi and Lome where the locals either took their goods for sale or people come to buy livestock. Most of these wares or goods found their way across the borders in search of where they could find the highest prices for them. Transporting the goods across the border had and has always been a lucrative business, firstly due to the two different monetary systems (the CFA, Cedis<sup>75</sup>) coupled with varying demand and supply mechanisms within the two countries.

#### **4.28 Critical evaluation of Households different arrangements and asset bases**

Before concluding this chapter, it is important to catalogue how the different livelihoods discussed earlier varied across households. It will enable a thorough discussion of the utilisation of individuals or household assets as well as household members’ contribution to production and consumption and how this development affects the well-being of each other

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<sup>75</sup> The conversion rate between the currencies at the time of the research was 760 CFA franc = £1.00; 1000 CFA franc approx.= £1.30 ; 25000 Old Ghana cedis = £1.00

and especially the household head. Each household has a way of illustrating different household arrangements all of which have implications for livelihood strategies or activities in view of its special circumstances.

For purposes of easy identification of and reference to the household cases, the following households will be referred to by their pseudonyms as follows:

Sarah's household in Ghana - (F de facto HH)

Mansah's household in Togo – (F de facto HH)

Kwadzoga's household in Togo – (M de jure)

Michael's household in Ghana – (M de jure)

Mama's household in Ghana – (F de jure)

#### **4.29 Sarah's Household in Ghana:**

In this household, there were 11 household members and 2 non-residents. There were 7 female adults comprising this household, including a female household head who acted in proxy of a husband who stayed outside the settlement and whose mother lived with her. There were 2 adult sons who were resident members of the household. She also had her orphaned niece staying with her, the daughter of her late brother who was lost through a long term illness, speculated to have been caused by HIV/AIDS.

There was an abundant source of labour within the household for livelihood strategies. There was a maid servant who sometimes missed school in order to carry out both domestic chores and other livelihood activities. There was also a maid servant who was sent on errands, served in the shops and also traded across the borders. The composition of the household often helped in organising different types of labour, either individually or collectively (See Hill, 1986). The female household head acknowledged that her spouse or husband and other non-resident members usually sent home remittances that supported the domestic budget. Some of the remittances were used to pay for the current school fees of the students residing within the household. As far as livelihoods were concerned, it was revealed that Sarah and her household together with rented labour, extensively cultivated maize and cassava, together with other vegetables before long term illness/HIV infection within the household. She also had some livestock which included goats, sheep and a few poultry. She traded successfully across the border in foodstuffs and provisions with explicit assistance from the housemaid. She also ran a shop which sold most of the basic items needed in the village.

#### **4.30 Mansah's household in Togo**

There were nine household members within this household, two fewer than Sarah's household, but with similar numbers of non-residents living abroad. The age distribution of members of Mansah's household looked similar to Sarah's, except for the age of the niece (6 years) who was being fostered by her aunt. Even though Sarah's household (A) and Mansah's household (B) had different circumstances as far as access to assets/resources and entitlements were concerned, they had nearly same number of people within their respective households.

The females' labour forces within the two households were used in a similar way; they tilled the land just as the male counterparts did, and also carried out other vital household chores – cooking, caring for children and fetching water; usually done by the females only. Their livelihoods could be

described as feminisation of labour, dominated by trading across the border with farm products and other wares. In the face of HIV/AIDS pandemic, crossing the border brought potential sufferings to both the afflicted and those who were affected due to their relationship with the sick. Two daughters and a son were in the university. The livelihoods of Mansah consisted of food crop cultivation, trading and a chop-bar where people bought warm food. She always had the support of her children in carrying out livelihood activities, especially during the holidays when they were all back at home. Her narratives suggested she was a successful trader, and cooked sumptuous meals at her bar which had no equal in the village, popularly known as “Mansah’s bar.”

#### **4.31 Kwadzoga’s household in Togo**

This household head was male, and the household comprised of 13 household members, 6 of whom were women residents in the household. There was also a maid in this household who helped in carrying out livelihood activities at the choice of the household head or his wife. This was a large household with diversified labour power and different skills in the form of human capital that would assist in livelihood strategies within the household. As a consequence, Kwadzoga’s household carried out the most important livelihood activity by cultivating large maize and cassava farms on the good number of farm lands that the family had. He had a palm plantation which was the envy of the village on which the wife depended for her palm oil extraction business. Kwadzoga had a thriving livestock of poultry, goats and sheep as well as a few herds of cattle, a few of which he had inherited from his father.

Kwadzoga had a lucrative kente cloth weaving enterprise due to the vibrant social networks which he and his household members had formed or linked up with. The finished cloth was sold near and far, especially in Lome and Kumasi where there was a good market for them. People within this household in Togo did not marry early. Boys of 32 years were not married, and girls of 26 and 28 years were attending school. This household in Togo exhibited dynamic characteristics of different and independent human capital in addition to networks or social capital that enhance different livelihood activities in a household.

#### 4.32 Michael's household in Ghana

Michael's household was a male headed household and as usual there were many members. Even though the household structure looked similar to Kwadzoga's household, it had many different livelihoods. Michael always successfully cultivated staple like maize and cassava, as the family had a large parcel of land for farming purposes. He had a thriving livestock which comprised of poultry, goats and sheep with rabbits which were cared for by the children and women together. His goats and sheep were often sold in Lome, Togo. His wife traded across the border in both foodstuffs and provisions and also had a shop with the assistance of her maids. He had two corn mills with a cassava crushing mill attached. This household had 3 non-resident members whose remittances supported livelihood activities undertaken within the household. Michael was also a 'kind'<sup>76</sup> money-lender. Even though he was successful with the money-lending business, some of the cash outlay included some of the monies his children had sent home for development projects through him. Due to poverty levels in the villages, coupled with the lack of formal financial support from central government, money lenders often were looked upon as 'banks', even though they had cut-throat rates of interest.

The two maid servants in this household assisted and undertook different livelihood activities in addition to running errands for the household head. People within this household in Ghana did not marry early. This was quite different from many other households in Ghana where marriage between 18-23 years of age was usual. Boys of 32 years were not married. It was similar with girls, in which a girl staying in Accra at the age of 29 years was not married. This household in Ghana was similar to Kwadzoga's household where varied human capital induced diversified livelihood strategies. Often with good network and social capital, individuals or household livelihood activities enjoy both good assistance and competitive prices across the border.

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<sup>76</sup> As money lender, there were people who got soft loans from Michael and there was no proper mechanism to register the names of people who borrowed nor to retrieve the money. People knew Michael as a kind person and this gesture coupled with the degree of poverty within the rural areas, created a high default rate.

#### 4.33 Mama's household in Ghana

Mama's household found in Ghana, was a typical *de jure* household structure that connoted the household head was a divorcee. In Mama's case example, the household head was a female 58 years old divorcee. This FHH was a single parent household that contained fewer adult labour resources and fewer earners with jobs compared to most male-headed two-parent households within the region. The constrained labour supply coupled with female gender bias made the household suffer from a weak asset base. The main livelihoods were cultivation of maize and cassava, but on a much smaller scale than in most female households, and keeping of livestock. Mama had no farm lands of her own, and leased land in order to do her farming. Should the household depend on their farm labour alone, the crops harvested would not be adequate and would only last for a few weeks. She barely undertook cultivation of leguminous crops due to the lack of land at her disposal. She used to farm around her house. She has a lot of livestock, especially poultry and goats most of which were sold in the Togolese capital.

This household had inadequate shelter, despite the fact that there were not very many members. Furthermore they did not have many assets such as land, personal savings and jewellery. Reliance on the non-resident members living outside, by female headed households such as in this case example was of prime importance. In precarious situations, when not much could be done by the few resident members (in female headed households), soliciting support from the non-resident members of the household was usual and often urgent. This female household head (FHH) had a son living in Nigeria while a daughter was living in the UK and another son also in Accra. The son in Accra travelled to and from Accra very often to the village and assisted the household through the form of remittances, continuing to play an immense role in the availability of social capital. It was therefore observed that the capability of household members, collectively or individually, contributed to livelihoods and demonstrated the importance of the composition of households. The composition helped to determine the ability of the households to both gain access to, and be able to utilise assets for livelihood activities. Social capital and remittances sent to households in general, and specifically to *de jure* female headed households, had certain implications for livelihoods which will be discussed in greater detail later. However, it is important to say that in precarious situations, when not much could be done by the few resident members (in female headed households) it was necessary to solicit support from the non-resident members of the household. All the different household sizes, structures and genders would have certain implications for the future development of different livelihood

strategies. The non-residents financial support in form of remittances through their parents or household heads assisted the households to live their normal lives. Such monies were used to pay school fees, buy food and cloths, undertook housing projects and also to help in carrying out their livelihood activities. Anything short of this would render the households very vulnerable.

#### **4.34 Summary and Conclusion**

This chapter has given a general synopsis of household characteristics of the sampled population within Ghana and Togo. The rationale for identifying household characteristics at the outset is due to the assumption that household headship and composition will be important in understanding resource/asset entitlement, distribution and different livelihoods undertaken, different degrees of vulnerability and the impacts of long term illness or HIV/AIDS. Households' livelihoods or choice of productive daily ventures depends on access to livelihood assets. Owing to differences in the livelihood assets, the households try to develop varied capabilities in dealing with the challenges in the form of risks, shocks and uncertainties that threaten their livelihood activities. To avoid the incidence of over reliance on a livelihood with probability of high risk, households diversify, which necessitates complex resource allocation decisions. It implies that households would adopt all diversification of livelihood strategies that can contribute to and mobilise the asset base in a fluid manner, in response to a particular situation of individuals or households and their changing needs.

With the changing times, especially in the face of the long term illnesses and HIV/AIDS, there is an urgent need for reappraisal and improvement in the power relations between the genders which can promote a win-win approach to social norms that can help improve the access and entitlement to the household asset base by the female members of households.

Case studies have explored the differences in size and composition of households, entitlement and usage of assets such as buildings, social networks and monies as well as the gender differences and biases among household heads within the Ghana- Togo border. This will help unfold some of the critical issues facing most of the household livelihood activities to be carried out within the study area. The case studies will be followed and discussed through the rest of the chapters, with emphasis on their well-being, vulnerability and resilience, different

livelihood strategies adopted, and to what extent they are able to offset some of the shocks and stresses that they meet in the face of the uncertainty of weather and other natural hazards as well as the impact of long term illness or HIV/AIDS.

The sampled region in Ghana and Togo contains the same ethnic group, that continues to enjoy good social relations through frequent visits, fostering of children, visits during festivals and funerals, strong bonds of trading across the border coupled with the ECOWAS protocol which has 'weakened' the borders enabling the Ewes cross to and fro with ease. The Abidjan-Lagos corridor has also enabled a huge movement of people to and from this long distance route. This movement of goods and people criss-crossing the border creates various kinds of jobs, menial and waged labour as well as mobile populations that travel far and near to look for opportunities they can exploit beside the usual livelihoods adapted in their settlements. This huge movement across the Ghana-Togo border has certain livelihood implications of people finding menial jobs to do while others during the movement in the face of the HIV/AIDS pandemic might undertake risky sexual behaviours and as a consequence become infected with HIV. The following chapter will discuss and evaluate the cross-border impacts of severe illness such as HIV/AIDS on livelihoods, vulnerability, well-being and HIV impacts on the social networks of the Ewes who live along the Ghana-Togo border.



## **CHAPTER FIVE: IMPACT OF HIV/AIDS LIVELIHOODS, VULNERABILITY AND WELL-BEING**

### **5.1 Introduction**

This chapter will discuss issues relating to the research's concern with regard to evaluating the cross-border impacts of severe illness such as HIV/AIDS on the social networks and livelihoods of the Ewes who live across the Ghana-Togo border. It will also attempt to throw more light on critical issues of livelihood strategies adopted by the people of the sampled areas within Ghana and Togo. In addition, it will set the scene for detailed analysis of how and why individuals and different households, with varying degrees of vulnerability and well-being within the settlements, adopt their chosen livelihood strategies as well as the impact of HIV/AIDS on their livelihoods.

It must be emphasised that the individuals and households within the various sites had different degrees of access to resources through inheritance and customary laws which might impact differently on the viability and diversification of livelihoods. The probable fragile livelihood activities as described in Chapter 4 will be discussed in view of the impact of HIV/AIDS, and how illness affects individuals and households differentially within the sites. There were both short term and long term illnesses that were observed in the study area, but for the purposes of this chapter, the long term illnesses/HIV which impacted on people and their daily living for a longer period of time are of significance. This chapter therefore throws more light on the practical activities of the people of the study area which constituted their daily living as depicted by the Livelihoods Theoretical Framework (Chapter 2), as well as Chapter 4 and discussion of factors there were in addition to HIV/AIDS, that induced vulnerability.

Owing to the multifaceted challenges often posed by HIV/AIDS (WHO 1999, IPAA, 1999), the potential effects of the HIV/AIDS pandemic cannot be analysed only within the health sector, neither can it be viewed only within the socio-economic environment. By exploring the frontier of livelihoods of the region sampled for the study, this section intends to unfold the factors that impede the development of these rural people in a holistic approach by way of analysing their vulnerabilities, resilience and coping capabilities.

## 5.2 Incidence of HIV Infection within sites

The lives of rural people in the four study sites were beset by a number of challenges especially in the face of the HIV pandemic. There were different types of sicknesses that confronted these rural subsistence farmers. As a result, a number of people were found to be sick within the study area. According to the respondents, people fell sick from time to time, before, during and after the farming season, while others died due to various circumstances. A woman in her forties confessed how her husband who was married to two other women, died suddenly after a short illness.

*“My husband complained of headache, stomach-ache and bodily pains after the day’s work on the farm and died suddenly on the second day. It was a big shock to all of us, especially the wives”* (Adona, 43 years from Alawogbee, Togo).

This sudden death put the household into disarray. The family was in total shock. The long and expensive funeral arrangements cost the family a lot of money (Loevinsohn, & Gillespie (2003). There was no one to take up the livelihood activities. According to Adona the family suspected the wives of foul play and had to use much of the money belonging to their spouse to find out what caused his sudden demise by consulting the oracles. The shock such tragedy brought to all of them, especially the children and the women in this polygynous household were differentially felt but really devastating to all of them. Adona maintained none of them was allowed to inherit anything of his even though their spouse had many children with the wives, all of who were in school. In these Ewe societies, upon the death of the husbands, the women were often expected to either leave their husband’s village or marry one of the siblings of the deceased. Two of them were asked to marry a relative and a brother of their spouse so as to remain with the children. The third wife who had only girl children was allowed to go.

Some of the children had to drop-out from school, especially the girl-children in order to take up apprenticeship training while others were asked to marry. One of his daughters who suffered from long term illness/HIV was not supported as she would have been if the late husband had been alive. The family became a shadow of its former self. Some of their children were sent to their maternal uncles and aunties in order to attend schools. The family dissipated the resources the wives helped the man to acquire. In fact, a study conducted by

Gedzi (2009), confirmed most of the dire consequences widows face upon the death of their spouses within the region as narrated earlier on by Adona in the study. While studying widows' inheritance in Anloga (an Ewe speaking area within the Volta Region,) in lieu of the PNDC Law 111, Gedzi (2009) observed that during the 40<sup>th</sup> day of remembrance rites of a late husband, some elders of the late husband came and locked up the doors to his rooms and after sharing the properties among the children, ordered the wife to quit the room she and the late husband used to live until his demise.

Another respondent whose views were collaborated by Adona and Gedzi (2009) who also claimed that the circumstances women faced when they were forced to return to their natal homes without any adequate financial assistance nor for the children upon the demise of their husbands were very difficult to endure. There is certain traditional conditionality for the widows to either marry the brother or relative of the dead spouse so as to remain in the marital home with their children (Drimie, 2002; Strickland, 2004; Seelinger, 2010). Another alternative is to leave the marital households to form their own households and due to dissolution and relocation of the family with almost nothing to begin life with at such old ages except the youthful widows, they become more vulnerable to food insecurity. This situation will be explained in latter chapters, especially when discussions on the case studies of the different households (de facto and de jure) are undertaken.

An important observation as regards people falling sick was that household sizes were very large and as peasant farming communities, most households seemed to be cash constrained. It therefore meant that the number of people who became sick within the households would have to be supported and cared for by the few "healthy" ones. There were a few households where multiple people were observed ill. It also meant that the respective contributions of those sick individuals and groups of persons in the households inflicted and affected by HIV/AIDS became marginal and at times negative. Further explanations on access to medical care of these people revealed why people within the Togolese sites were most often found attending health facilities in Ghana. Through discussions at community meetings and with the head chief of Alawogbee (Togo site), it was observed that Alawogbee has no health facility to cater for people when seriously ill. This situation impacts on the majority of child bearing women who have to deliver babies at home without the assistance of health personnel. Thus, they have to travel to Ghana across the border to Ave-Dakpa clinic or to Dzodze, which is a sprawling border town in Ghana where there is St. Anthony's Catholic Hospital which offer

them the relatively cheap facilities they seek. These Togo sites in the face of difficulties of making a living and sustaining their livelihoods become more vulnerable as they have no reliable health facilities to rely upon. A fragile health facility coupled with a generally poor economic situation in Togo explains the situation why a large number of border residents traversed the border daily for food items and to attend to health facilities in Ghana.

### **5.3 Long term illnesses recorded at the various sites.**

Within the sites, it was not only short term sicknesses<sup>77</sup> (which prevented the people from pursuing their daily chores and impacted upon people's livelihood activities. The household heads (HHs) and other respondents were able to distinguish between short and long term illness based on the respective duration, intensity and ravages brought to bear on the afflicted. A woman from Akpokope –Wodome argued for the length of time and the resources used on long term illness to find medical aid and finally the demise of the afflicted/victims as well as the negative impacts on livelihoods as the distinguishing features between short and long term illness/HIV when she emphasised:

*“The young women mostly and a few young men were falling ill for long periods of time. When people became ill, a lot of resources were spent on them for a long time. After the monies got exhausted, poverty and other difficulties set in. It destroyed the livelihoods when the strong ones died finally”* (FHH, a de jure, 38 years, Akpokope – Wodome, Ghana).

Short term illness can be opportunistic infections such as malaria which breaks down the immune system of the victims as the HIV develops into AIDS. There were other ailments which could be termed long term illnesses, some of which were opportunistic infections (Ainsworth and Teokul, 2000) namely Tuberculosis (TB); in addition were sickle cell anaemia, arthritis, elephantiasis and HIV/AIDS. The illnesses were referred to as long term due to their prolonged impacts on human beings, their livelihoods and in fact on their general well-being and which last from a few weeks to many years. Long term illness which affects certain individuals and brings untold hardships to both people who are infected and affected is of paramount interest to this study. This is because most of the livelihood activities within

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<sup>77</sup> Some of the sicknesses that worried and continue to worry the farmers were/are malaria, stomach ailments, bilharzia, diarrhoea, dysentery, snake bites, cutlass or hoe cuts, headaches, burns, fatigue and malnutrition, waist pains and body pains.

the study area are beset with a series of challenges. With the presence of a long term illness, the people infected and affected will have extra challenges to deal with. Long term illness or HIV/AIDS has negative impacts on the people infected as well as their livelihoods. Households within the study area have shown signs of individuals and household members currently affected by long term illness/HIV. A man described how a sister to a traditional herbalist at Alawogbee (Togo), who had earlier on lived in Côte d'Ivoire for many years and had six children there without having a stable partner, fell ill for many years and after seeking health care (both medical care and traditional herbal) without much success came back home and finally died.

*“When people migrated to distant places, they got sick and came back home. What exactly they did during their journey would not be known. How they got plenty of money through their trading activities was unbelievable. I heard she had her money through many partners she associated herself with. Almost all the money was used up to get her treatment but she died. Having sexual relations with people one did not know brought long term illness, suffering and disgraceful death<sup>78</sup>”* (M Age 63, Alawogbee, Togo).

Even though her death preceded this study about four months, some of the children of the deceased were staying as orphans with their uncle, the herbalist who, confirmed categorically to me that the sister died of HIV/AIDS<sup>79</sup> which had a local name. He (the herbalist) maintained that the sister died of HIV/AIDS and even though he had used most powerful herbal treatments for her it never helped. He never saw any illness that was so devastating, aggressive, destructive and unceasing in its attack on the sister until all the monies she made

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<sup>78</sup> Deaths that occurred through unexplained sources, long sicknesses and deaths by which time the corpses/bodies became emaciated or disfigured were normally buried in the night of same day they died. This was firstly to suggest to the spirit world, they did not want such a person to reincarnate and secondly to avoid the shame and disgrace brought upon the family of the dead due to the source of the dead person's illness (sex). Some deaths were termed natural and honourable, for example through old age, sudden deaths; and people who fell into such category were often put into the mortuary and the household infrastructure/buildings were refurbished as there would be invited guests and family friends and other social networks both near and far. In such funerals, the corpses were laid in state where people filed past them by way of showing their last respect before they were finally buried. These processes of putting dead bodies in the mortuary so as to get prepared for a “modern” or “civilised” funeral and burial were/are very extravagant and brought a lot of indebtedness and financial obligations that have long and negative enduring implications. It brought a final blow of debt to poorer households.

<sup>79</sup> HIV/AIDS has no equivalent word in Ewe language. Instead, they described its toll on how people looked like during their last days. Dikanaku/Dikadika here means how unnecessarily thin the victims looked like; and further grew thinner and thinner and became like a skeleton when they were terminally ill from AIDS.

in Abidjan and a major part of the family resources were all spent on her but she still died eventually after having gone through all kinds of suffering. Migration and mobile populations have the tendency of being infected with long term illness/HIV and which finally impacts negatively not only on the person infected, but also the household as well as the livelihoods carried out by the one suffering from the HIV infection.

Table 5.1 shows by country, the percentage of people currently suffering from long term illness. Although there was difference between the percentages of the people alleged to be suffering from long term illness/HIV between the two countries, it was not, however, statistically significant as ( $\chi^2 = .834$ ,  $p = .044$ ).

**Table 5.1: Households with currently anyone with long term illness**

Country of Respondents N=59	In your HH is there currently anyone who has a long term illness	
	Yes (%) of Household which suffered	No. of households within country which suffered
Ghana	21.4%	30
Togo	20.7%	29
Total	21.1%	59

Data Source: Field Survey, 2007.

Since resources were not fairly distributed among the households in either Ghana or Togo or across borders, it meant households had varying degrees of sustainability, where some had vulnerable livelihoods, others had more resilient ones. There was over concentration of health facilities in Lome, at the expense of the rural areas in Togo, thereby making border residents from Togo (Moore, and Williamson, 2003; Samuelsen, et al., 2012) to seek treatment in Ghana. In order to see the picture clearer, it was important that the people suffering from the long term illness were categorised according to sites as this will give more evidence of sites having higher or lower epidemic proportions.

**Table 5.2: Long term illnesses recorded at the various sites**

<b>Site Sampled</b>	<b>Yes</b>	<b>% prevalence of households with sick people</b>	<b>No of households</b>
<b>Ave-Havi</b> (Ghana)	20	29.0%	69
<b>Akpokope/Wodome</b> (Ghana)	10	16.9%	69
<b>Alawogbee</b> (Togo)	12	17.1%	70
<b>Batume</b> (Togo)	17	24.3%	70
<b>Total</b>	59	21.2%	278

Data Source: Field Survey, 2007.

From Table 5.2, it can be seen that Ave-Havi in Ghana with 29.0 % as the highest incidence of long term illness is also nearly 8% higher than the average rate of households with sick people suffering from long term illness or HIV/AIDS. The Ave-Havi figure is consistent with the literature as regards higher HIV transmissions along highways and stoppage points for truckers. Ave-Havi is located at the confluence of the trunk road from the regional capital, Ho, which meets the main road from the coast through Aflao at Ave-Havi. The road from Alawogbee in Togo meets the regional road (Ho road) at Ave-Havi. Such stopover places such as Ave-Havi accommodates young women and virile men who come from far and near the rural setting to get the best from the economic possibilities that avail in such locations. The lures especially of sexual services/exchanges for free transportation and other gifts, cash and in kind that may occur between the trading girls, young women and the truck-drivers across the border can attract a deprived population (Anarfi et al., 1997). These young girls crossing the border with the help of truck-drivers who often fall into transactional sex are not people who are migrating to distant destinations to look for greener pastures, but are those who are very mobile and either cross the border on daily or at most, weekly basis and return to their homes when business was done.

The Batume site (Togo) had the second highest proportion of the people who were suffering from long term illness. Even though its location is slightly inside Togo, it is also situated at the junction of the road from Ghana which passes through Akpokope-Wodome and joins the road network from Lome by meeting at Batume. It can be argued that many patients or

people who came for treatment at the Canadian built clinic at Batume and the people involved in the brisk kente cloth business did not travel back home all at once. People seeking medical care took a few days to stay on just as the traders in the kente cloth business, which equally stayed to sell the rest of their wares. A mix of differential populations within a small place for days, can, without any equivocation have certain implications for risky sexual behavioural characteristics. There is a high probability that such a fluid population that stays for days/weeks and interacts with locals before continuing to their destination have a tendency to exacerbate the HIV transmission within this site. Despite the seeming differences in the percentage (%) of prevalence rate of households with members suffering from long term illness/HIV/AIDS, these differences were not significant as the value,  $P = .142$ .

#### **5.4 The Impacts of HIV/AIDS on livelihoods**

During the survey (2007), 41 people in the sample were found to have been sick. These were short term illnesses which prevented the people from pursuing their daily chores, especially their livelihoods. The short sicknesses comprised malaria, stomach ailments, bilharzia, diarrhoea, dysentery, snake bites, cutlass or hoe cuts, headaches, waist pains, body pains, burns, fatigue and malnutrition. No mention of HIV or AIDS was made initially due to the high rate of stigma. These sicknesses had short term impacts on the people specifically and the various households in general in different ways, that is the longer the sickness, the harder the negative impacts on the individuals and the households. The long term illness dissipates material resources that are accumulated over the years upon inception. The resources are either mortgaged or must be converted into the needed cash or the wherewithal to purchase medicines, feed the sick and the carers, sanitary objects, not forgetting traditional consultations at the traditional herbalists of pertinent enquiries into the causes and cure of the sickness and finally the running of the household. Even though most of these sicknesses took a few days' toll on the people working on their farms and engaging in other livelihood activities, the impacts were more severe on female headed households, as the male-headed households often had more people (especially boys) to rely on for engaging in their livelihood strategies. A female household head who had three young girls complained as follows:

*“I did not have money to hire the services of labourers to weed on the farm for me. I did not have people who could lend me their hands or take care of my farm for me. This meant that whenever I became sick during the farming season, my work*



*remained stagnant till I became well again”* (A 52 year old female household head (FHH) from Ave –Havi, Ghana).

This was a FHH who did not have the wherewithal to rent out labour due to the small number of people within their household. FHH did not inherit land and used land either via their husbands or husband’s relative or their own friends. This statement seemed to summarise the assumption that the women who had cash constraints or fell sick during the farming season and were neglected were actually single parents, divorced or widowed. The most commonly mentioned sickness within the study area, by people found ill was malaria and mostly mentioned instead long term illness/HIV when the latter was at its embryonic stages and the afflicted did not know either.

The rural poor as well as the ‘better offs’ and individuals and households on their upward orbit away from poverty (the sample of case studies of different households shown in Chapter 4, section 4.9 were seen adopting different livelihood strategies due to different household structures and human capital that will be explained further in this chapter. The line between coping behaviour and adaptation strategies defined as a non-stop process that can vary livelihoods in that it promotes existing security and wealth creation and is able to diminish poverty (Davies and Hossain, 1997; Krantz, 2001) and through wealth accumulation, the better off households or those making greater strides can veer away from poverty. Thus individuals/ households with one or two coping strategies often bear a heavy brunt when the few strategies fail them, especially in the face of the HIV pandemic.

From Table 5.3, it can be observed that the population within the study area in Ghana and Togo were being negatively affected by the impacts of the HIV/AIDS pandemic, for example many “breadwinners” were dying while more orphans were observed in the households. The question of orphans will be discussed in the subsequent section (5.5).

**Table 5.3: The impacts of HIV/AIDS and Vulnerabilities of Households in Ghana/Togo**

<b>Types of HIV Impacts on sites</b>	<b>Ghana</b>	<b>Togo</b>
Population	People becoming ill/death	Many people becoming ill/death
‘Breadwinners’	Breadwinners fell ill/dead	Many breadwinners fell ill/dead
Orphans	Many orphans	Many dependants/ orphans
Dependence on Elders to care	Elders catering for orphans	Elders catering for orphans
Assets Base	Assets and mortgage of private property. They dwindle and some finish finally.	Assets and mortgage of private property. They diminish and get used up.
Livelihoods/Trading	Livelihoods & Trading shrink	Livelihoods & Trading dwindle
Networks/social capital	Networks dwindle	Networks dwindle
Dependence on Livelihood (s)	Different livelihoods at the beginning instead of on single	Dependence on different livelihoods instead of on single
Incidence of Vulnerability	HIV/AIDS increases vulnerability	HIV/AIDS increases vulnerability

Data Source: Field Survey, 2007

From Table 5.3, it can be seen that within Ghana and Togo, the impacts on the households were similar but very difficult to quantify certain variables such as asset base, livelihood and trading, networks/social capital and varying degrees of incidence of vulnerability. In rural communities in Africa, it is difficult to know how much worth people’s livelihoods or assets are or how much income people working in the informal sector earn to be able to evaluate sameness or differences between households. It is therefore not easy to measure the degree of differences in terms of the impacts of HIV/AIDS and vulnerabilities between the two countries. Most of the rural farmers produce the bulk of what they consume and not merely for sale purposes. Vulnerability context 2.5 and Food Security 2.6 are some of the sections which dwell on food sufficiency and production supposed to be adequate and sustainable. Table 5.2, however, shows upon the inception of HIV/AIDS within households, the asset base of most households dwindle (it is not appropriate to assess or evaluate assets in monetary terms), for example palm plantation belonging to case example 3 or Kwadzoga (Togo), (Chapter 4, section 4.30) was sold while his thriving livestock became non-existent; the chop-bar belonging to case example 2 or Mansah (Togo) existed no more while lucrative cross border trade and shop belonging to Sarah (Ghana) became dysfunctional. Simtowe and Kinkingninhoun-Medagbe (2011:2121) argue that “HIV/AIDS affects the utility function of a household. The impact of HIV/AIDS on the poor is more severe than on rich, in that the poor

have more difficulties in smoothening their consumption in bad times. HIV creates an economic crisis that degrades their human and natural assets”.

Mortgaging of land was scarcely reported, however, private assets such as bicycles, guns and jewellery were mortgaged when the long term illness/HIV/AIDS affected households and they needed funds for medical health care. Even though the majority of these rural people as shown earlier (chapter 4) were subsistence farmers, they had different levels of success as regards how they were able to deal with the varied forms of shocks caused by lack of funds from the breadwinners due to their long term illness/HIV/AIDS and other categories of vulnerabilities. The population of the orphans has increased within both Ghana and Togo, a situation that adduces high dependency and high vulnerability. The women were more affected than the men as for every one man known to be suffering from long term illness/HIV, there were often two other women infected, especially the young, and sexually active ones trading across the border. The majority of the people who were suffering from long term illness/HIV were people who had traded, worked, crossed the border or travelled long distance before, especially the women traders. A woman who hailed from Alawogbee and in her late 60s argued succinctly why some people were dying as follows:

*Selling of sex to be able to win favours from drivers was on the increase. That was why most people who were falling sick seemed to be those who mostly were used to trading across the border. These young people fell ill for long periods of time. Actually, a large number of these young people also died (FHH, Aged 68 years, Alawogbee, Togo).*

There were difference between life styles of the younger generation and the older ones. The older people complained about the easy-way attitudes to getting rich and not being disciplined was seen as what brought a lot of trouble to the youth of the area.

The study further shows dwindling livelihoods when the breadwinners became infected with HIV pandemic as observed in the case of (Kwadzoga, Chapter 4 section 4.30 and Michael, Chapter 4 section 4.31) and with time, they did not have energies and resources as before to

mobilise people to carry out the needed tasks. A 40 year old man from Alawogbee confirmed how livelihoods suffered upon death of the breadwinners when he argued that:

*It could be true that most of the people falling ill in my village were those young and middle age ones. Some died after long periods of suffering. Livelihoods suffered when the breadwinners got infected with HIV. HIV/AIDS affected the livelihoods and brought a burden of care and economic difficulties to the dependents (MHH, Aged 40, Alawogbee, Togo).*

The closest relatives of the people who were ill, such as the sisters, wives and children were the persons who took the greatest care of the afflicted within the households. These closest relatives or close “circuit” of people or carers were meant first of all, to protect the information of the sick leaking to the general public. In fact, it was only in few cases that a man was found caring for a sick person, implying that, the majority of the carers were women, whose livelihoods also suffered while they took care of their spouses, children or relatives (see case examples of FHH, de facto in both Togo and Ghana). A 50 year old man agreed the women’s role in care was unparalleled, when he asserted that:

*“The closest relatives helped to care for the sick. They were mostly women who carried out the responsibility. The non-resident members also sent remittances home to support us. The long term illness created financial loss to families when the strong ones fell sick and used up all their life’s savings and finally die” (MHH, Aged 50, Akpokope –Wodome, Ghana).*

A study showed households experience a decline as far as income is concerned between 48 percent and 78 percent when a household loses a member due to HIV/AIDS death, without taking cognisance of funeral costs (Walker, 2002). From the study, it was likely between 50-75 percent or even more of household’s income declined upon the death of the breadwinner due to long term illness/HIV/AIDS and the cumulative financial outlay that was involved.

In most households within the study area, the responsibility and expectations of the breadwinners were and continue to be very enormous, especially in the male de jure households (Case examples 3 and 4). In such cases, the household sizes were often large, with people of different ages (see Chapter 4: Figures 4.6, MHH with ages 15-88; Figure 4.7,

MHH with ages 18-80; Figure 4.8, a de jure FHH with ages 8-76 ) and a high number of dependents of school going age. Furthermore, the impacts of HIV/AIDS infection and deaths are most severe on people who are within their most productive years, usually people between 15 and 49 years of age (FAO, 1994). It was observed in the study that during the long term illness/HIV and final demise of household members, the women and children especially were often transferred from active participation in keeping up with livelihoods into care. Sentiments on taking up care work for the HIV afflicted was expressed in no ambiguous terms by a female household at Alawogbee as follows:

*“The care for the sick affected what I did for my daily living. My livelihood activities came to a halt as I became a carer. An extra time was needed for care which was a very demanding task. The women needed some assistance so that our livelihoods and health were not negatively affected”* (FHH, Age 39, Alawogbee, Togo).

Most of the time was used to look for food, water, firewood/charcoal and not forgetting the usual daily chores of taking care of the household. These activities, though crucial for good care and support, did not bring in any money of their own nor were they connected to sustenance of livelihood. The impact of the HIV/AIDS pandemic on households within the study was both subtle from the beginning of the infection and through time when a household member was affected, until the impacts became burdensome and real. A male household head at Ave-Havi argued:

*“When people became ill during their trading, the livelihoods were not taken care of by another person. Attention was based on the sick and how to get their former life back. This brought destruction of livelihoods. As a result, HIV/AIDS destroyed the livelihoods when the strong ones died. It induced both poverty and hardship”* (A MHH, 60 years, AVE-HAVI, Ghana).

A younger household head in Togo collaborated with what the Ave-Havi HH said above. Thus:

*“Most of the people falling ill in my village were those young and middle aged ones. The livelihoods suffered when the breadwinners became infected with HIV. This situation affected the livelihoods, brought a burden of care and economic difficulties to the dependents”* (A MHH, 40 years, at Alawogbee, Togo).

The breadwinners and the other persons, upon whom the households depended for their survival, were able to sustain their livelihoods and support the dependants as well from the beginning of the HIV infection. With time, it has been found out that the asset base or resources belonging to the individuals and the various households included in this study were very important in fashioning out the livelihood strategies the people adopted. (See case examples of successful farming undertaken by Kwadzoga and Michael, due to large arable lands they inherited before the inception of HIV). Respondents in all the 4 sites, especially the women talked about how fragile and vulnerable they became when they had to do most of the chores with their spouses and took on all the domestic chores but did not have to share in one's spouse's resources upon death. Non-availability of resources to be depended upon by these rural people upon the inception of the HIV/AIDS meant certain trends or approaches in their livelihood activities had to be adopted as a matter of necessity, if they were to survive.

Personal resources such as a palm plantation, teak trees, and stocks of food, different housing facilities, corn-mills guns, good trading partners near and across the border and good networks were very important resources that helped to offset some of the negative impacts of the HIV/AIDS pandemic. Personal assets were therefore relied upon to assist in the provision of monies to cover health care and other bills but not the family resources such as land and family house(s). Furthermore, it was found out in the study that lack of assets limited to what extent they carried out different viable livelihoods. The case examples studied showed how they utilised the resource bases they had, such as land, social and financial capital to have initiated viable trading and operating of shops in addition to money- lending (See Case example Michael, MHH Chapter 4, 4.31, Ghana). Trading has also induced the high volume in cross border activities. A woman from Akpokope-Wodome who meant trading across the border helped to create more funds for initiating other livelihoods but cautioned against quick money ventures, said the following:

*“I think trading carefully across the border brought money which was used to help and start other livelihoods. I wish young women would not rush for quick money across the border which was associated with long term illness/HIV and finally death. They needed to be patient and hardworking instead”* (FHH, de facto, 60 years, Akpokope-Wodome, Ghana).

Most farmers undertook different livelihood activities, both farm and non-farm activities (See Chapter 4, section 4.10, Table 4.9, Tables 4.10 & 4.11). There was a felt need for the people to have different livelihoods so that they would be guaranteed some minimum living standards; instead of relying on one livelihood which would not thrive always. The strategy of livelihood diversification (Ellis, 2000) was important and therefore practised by most of the rural farmers to be able to work against the stresses they were often exposed to by over-dependence on one livelihood strategy. Furthermore, diversification helped to militate against the shocks supposed to be experienced by the rural farmers when active household members died. Most livelihood activities were undertaken based on the people's local knowledge of the fragile climatic location they found themselves in coupled with nearby thriving markets across the Ghana-Togo border. Thus, the different kinds of livelihoods diversification were adopted to avert the risks that would be associated with engaging in one livelihood activity. A woman from Akpokope-Wodome maintained how cross-border activities helped to provide much money that was reinvested into different livelihood activities but was destroyed by long term illness/HIV when she said:

*“Cross-border activities affected rural livelihood strategies and vice versa. Through the activities money was made available. However, the cross border activities became much reduced when the traders fell ill. Depending on the type of illness, especially long term illness, many livelihood activities became minimised and destroyed”* (MHH, 45 years, Akpokope –Wodome, Ghana).

Most of the strategies adopted by way of diversification of livelihoods were meant to cope with the shocks and unforeseen contingencies. With long-term illness and HIV infection which affected the middle-aged and the hard working people, the elders/women were found making rope from the bark of the baobab trees. Other women were found making local soap, pottery, selling maize pulp while men cut leaves to be sold to livestock owners and brooms made in form of rakes for sweeping for the Ghana side of the border.

Here again it would be seen that the strategies used to withstand risks and shocks were highly varied. Very often, the diversified strategies seemed to function and cushion the shocks and stresses better from the beginning until when a member or members of a household got infected with HIV. A few good children who showed much enthusiasm in the cloth weaving were employed usually in addition to the children belonging to the bread-winner to weave at

cheaper costs and as a first step coping strategy when a bread-winner became infected with long term illness/HIV and would not have the energy to weave himself or let alone employ adults. The longer and more expensive the caring of the afflicted became, the less the children dependents would have time to carry out their livelihoods and they also fell out of school. A 50 year old household head complained of how long term illness affected the family finances and her children at school when she said:

*“When people became ill, especially the long term illness, there came up big problems. The presence of long term illness or HIV/AIDS in the household created a dislocation in family finances. There was no more money for my children to continue their school”* (MHH, Age 50, Akpokope-Wodome, Ghana).

The weaving also might lose the needed capital input, as much of the funds went into the care process. The weaving industry folded up eventually upon the death of the main bread winner as funeral costs were escalating and often when widows did not accept some of the conditions upon which they had to stay in their marriage home, the woman also had to leave the home that belonged to her late husband. Within the context of livelihood diversification, coping strategies are distinguished from risk strategies by whether the diversification occurred before or after a ‘shock’ and thus whether the actions are reactive rather than pro-active (Ellis, 1998).

## **5.5 Households and orphans**

The impacts of HIV/AIDS on households within the settlements where more orphans were left by the demise of breadwinners or able-bodied persons to be catered for meant also additional responsibilities to the surviving members of the households. Orphans are vulnerable group that often degenerates into child labour, child abuse and molestation, streetism and high child drop-out rates and other social vices when much care is not taken of orphans (See Richter , 2004; Cluver and Orkin, 2009; Whetten, 2011).

In this regard, the closest relations of the people affected and inflicted in these communities by the long term illness or HIV/AIDS were involved with care and support. The implications are rather serious and critical for livelihood activities. From the households studied, the majority of household members were found to be very young and their ages span from between 1 and 25 years, meaning that these young children were dependent on the resources provided them by the breadwinners and the few adult members of the households. A sizable



number of household members of the Case examples studied (de facto and de jure households) were dependents. Most of these children were in schools and had to return home during holidays to help their parents and guardians in the livelihood activities.

**Table 5.4: Households containing orphans**

Sites	No of Orphans	Percentage (%) of Households
Ave-Havi	11	15.9
Akpokope-Wodome	12	17.6
Alawogbee	11	15.7
Batume	9	12.9
Total	43	15.5

Data Source: Field Survey, 2007.

From Table 5.4, the highest number of orphans was located in Akpokope-Wodome (17.6%). When compared with Table 5.2 (showing the prevalence of Long Term illness), it was found out that Akpokope-Wodome was the site least infected (16.9%), even though there was not a substantial difference between Alawogbee (17.1%) and the former. This was due to the fact that there was a booming and an all year round weaving of local cloth industry which engaged the services of orphans from other sites as well. It was said that there was a high drop-out rate of children from schools who had to do daily chores in order to be able to live. In most cases, the caring for children falls on the elders/grandparents and close relatives. The presence of orphans brought about a decline in livelihood activities and most often a final collapse as the needed injection of funds and mobilisation of both social networks and social capital lack. A male household head (MHH) from Batume succinctly stated the difficulties created by HIV and especially how to cater for the increasing number of orphans when he said:

*“HIV/AIDS was affecting livelihoods negatively and creating acute financial loss to families. Family networks across the border died away. The orphans left needed a lot of money to care for them. The problem of money became a difficult one. Currently, the cost of feeding and education became very difficult”* (MHH, Age 35, Batumi, Togo).

The evidence of destitution was found in many homes where orphans abound and the degree of insolvency among most homes especially in Togo, where no effective financial

arrangement or support came up from anywhere to rejuvenate either the dwindling or extinct livelihoods let alone to prop up the orphans.

A typical household which exhibited this situation was Mansah's Case example of household (Chapter 5, Section 5.2) where not even the family was able to come to her aid upon the death of her husband of AIDS nor supported her two children that dropped-out of school. This was linked to increased worsening standards of living and fallen nutritional contents in the households feeding menu as found within some households especially at Alawogbee (Togo). A chief of Alawogbee who spoke on many occasions on the development of the area, and during a community meeting said the following:

*“The previous farming season was really devastating. Most crops due to the drought withered. Many farmers lost their investment. Food was scarce and even our livestock also died in large numbers. There was a serious problem of nutrition as people just ate anything they found from the bush”* (A Torgbui, Alawogbee, Togo).

An environment where people suffered from nutrition and at the same time where the ravages of HIV/AIDS were common would be very tragic (UNICEF, 2013). Child labour which had many negative aspects including children caring for themselves and their siblings or abused physically by employers due to the absence of parents was said to be on the increase (for instance the increasing number of orphans working at Akpokope-Wodome and those without anything doing or support roamed the streets) so also were children on the streets and the nearby markets. Thus, the negative impacts of HIV/AIDS pandemic within the study can be likened to a situation that is gradually “corroding” and “mortgaging” the future leaders of such communities in a serious and unwavering fashion.

## **5.6 Impacts of long term illness/HIV on Livelihoods and vulnerabilities**

Farming within the settlements was the main livelihood activity (Chapter 4, Tables 4.10 & 4.11 and Section 4.16). This livelihood activity was carried out when people were healthy and strong. This situation, however, changed when the farmers became sick or ill for several months and as a result, their farming activities, as well as running of the affairs of the household became disrupted. The long term illness/HIV pandemic impacted negatively on the household livelihoods as each household member that was suffering from long term

illness/HIV meant both carer(s), together with the person being sick, neglected their livelihoods due to lack of time and energy to work and depending upon the length and severity of the illness, were devastated. A woman in her 60s upon reflecting on the negative impact of HIV/AIDS on care and livelihoods argued as follows:

*“When people became ill during their trading, the livelihoods suffered as no one continued the work as before. Then the livelihood activities to be undertaken became small. The monies got during the migration had to be used for cure and care of the person being sick or the household. Lot of money was used to find cure”* (FHH, 60 years, de facto, Akpokope-Wodome, Ghana).

Often the carer and her children had to take care of the person ill for a long time before the household member infected with HIV and which finally developed into AIDS, died. There was a lot of energy and resources expended on care which did not go into sustaining the livelihoods, as a consequence, difficulties came up the way of the carers, the households containing the HIV infected or AIDS patients due to the long “gestation” period the long term illness took. Simtowe and Kinkingninhoun-Medagbe (2011) maintain that the greatest impact of HIV/AIDS “toll” is taken on the virile members of community among which teachers, farmers, traders and agricultural extension officers bear the brunt and as a result the number of dependents increased within households.

The impacts of long term illness/HIV became more alarming when some of these farmers who had their farm lands far across the border and therefore had to farm on the long distant plots of land. In addition, they had to take their animals across the border for grazing on their farms as one of the reasons for crossing the Ghana-Togo border. From Table 5.5, it is observed that those people suffering from long term illnesses such as HIV/AIDS, TB and long and protracted malaria also had farms as well.

**Table 5.5: Long term illness and Farming/Livestock across borders**

N=280	<b>Is there anyone in your HH currently who has a long term illness</b>	
	Yes	No one ill
% within HH who is currently suffering from long term illness	33.3%	0%
% undertaking Farming/Grazing across border	15.4%	84.6%

Data Source: Field Survey, 2007

On contracting the long term illnesses, the farmers still had to work as “effectively” as before and carry out their responsibility as well, all things being equal. Unfortunately, from Table 5.5 when one-third (33.3%) of household members were found suffering from long term illness, only one-quarter (15.4%) of the household population went across the border to either undertake farming or enable their livestock graze. But in households where there was no one ill (Table 5.5) as many as 84.6% of the farmers who had farms across the borders went as usual, to undertake farm activities and also enable livestock to graze behind the borders. This meant the impact of long term illness/HIV/AIDS on distant farmers across the border was precarious as more than 5 times the reduced size of population ( $84.6\% / 15.4\% = 5.5$ ) that used to cross when no one was ill. The problems of farming became exacerbated while farms as well as livestock that must be taken across the border did not continue due to lack of capital. This caused livestock to die in large numbers.

### **5.7 Long term illness/HIV/AIDS impact on the diversification of Livelihoods**

Long term illness/HIV has had a negative impact on diversification of livelihoods. The HIV pandemic is said to be disrupting diversification process greatly. About 78.48% (See Section 5.10 and Table 5.6 on reasons for crossing the border) of the residents of the Ghana-Togo border engaged in trading/business activities implying trading was a very important non-farming strategy undertaken to diversify livelihoods, especially the main one, which is farming. A critical thing to note is how more of the non-resident males (75.8%) were widowed as argued by (Crush et al., 2005), that migrants were often infected with HIV and since most of these males had spouses who lived at home, and at the same time traded across the border, it cannot be doubted that such deaths were caused by long term illness/HIV.

In studying about impacts of morbidity and mortality on the households in the sample group, more and more people fell ill and died as a result of AIDS. This means most of the livelihoods which depended on human capital or resources and social capital in order to become sustainable were rather shrinking fast while some were being liquidated. (See case examples of HH, Chapter 5, 5.17-5.21). This means that the HIV/AIDS pandemic is dismantling agricultural diversification as more people become ill or die within households, more time was spent in caring for the sick (Sarah HH, Chapter 5.17, Ghana) in which case the sick as well as the carers were almost absent from the mainstream of farming or absent in undertaking livelihood strategies. See the household case examples of how long-term illness/HIV has impacted on them in Ghana-Togo (Kwadzoga HH, Chapter 5, 5.19 (Togo); Michael HH, Chapter 5, 5.20 (Ghana)).

A FHH respondent from a Togo site emphasised how farm labour was in short supply in some households and monies sent home as remittances to be used for development projects were diverted to basically care for the sick or maintain “body and soul” together. She argued that:

*“I got much money when I traded across the border. I used to take labourers to work on my farm with part of the money got through trading. I had no regrets for trading across the border as I would say it was helpful. The women, especially the young ones and some men were carrying out more of the trading activities. To find farm labourers today was very difficult. Everyone was looking for quick money” (FHH, Aged 43 years, Alawogbee, Togo).*

Some of the coping methods undertaken to live with the devastation of long term illness/HIV by changing cropping systems and changing composition of livelihoods, using less labour-intensive strategies are not yielding the expected dividends. Over dependence on farming alone within the study area which has fragile climatic circumstances was therefore associated with a high degree of risks and vulnerability which often ended in serious shortage of foodstuffs thereby rendering individuals and households insecure as far as food sufficiency (Barnett and Grellier, 2003) was concerned.

## **5.8 Ranking Threats to Livelihoods.**

The subsistence farmers researched, had varied threats that impacted their livelihood activities. Some of these threats can be categorised as physical, financial, institutional, lack of effective planning and other human factors. The most common of threats facing these farmers which rendered the people vulnerable are the unreliability and seasonality of the weather and income of the farmers who depend both on the consumption and sale of their produce coupled with lack of credit markets and fragile assets. Thus, before the advent of long term illness or HIV/AIDS pandemic, there have been a number of threats the subsistence farmers have had to grapple with. Masanjala (2007:1035; citing De Waal & Whiteside, 2003) asserts that “Even in the absence of AIDS, reliance on rain-fed subsistence agriculture has rendered most African households vulnerable to the risk of livelihood collapse in the face of shocks such as droughts, floods and seasonality”. In spite of other vulnerabilities, the AIDS epidemic seemed to exacerbate the household problems and increased the likelihood of livelihood collapse (see Koestle, 2002).

**Table 5.6: Ranking Threats to Livelihood Activities within the sites**

<p><b>A) Long term illness/HIV/AIDS</b> and effects on farming and other livelihoods.</p> <p>TB and Malaria attacks creating weak immune systems within the rural people,</p> <p>Death of productive household members weakened and destroying livelihoods,</p> <p>Expensive funeral expenses, Differences in household poverty,</p>	<p><b>B) Lack of health facilities</b> – There were no health posts and clinics in Akpokope-Wodome and Alawogbee</p> <p>Members of these sites had the option of travelling to Kpetoe or Ave-Dakpa to be able to attend clinic or travel to Dzodze or Ho to be able to attend hospital facility</p>
<p><b>C) Unreliable weather - Drought -</b></p> <p>Lack of sufficient farmlands,</p> <p>Land litigation, Livestock death/stealing,</p> <p>Pests and Insects attack on crops/crop stealing</p>	<p><b>D) Low yielding traditional farming methods,</b></p> <p>High cost of production, Delay and Lack of farm inputs,</p> <p>Fertilizer not available on time, Mostly not used. Lack of guaranteed prices for food crops, Youthful members leaving settlements for other places, Marriages and new household creation.</p>
<p><b>E) Cash trap -</b> Lack of credit facilities or Unavailability of formal loans, Lack of wage labour (when most needed), Lack of food in storage, Limited sales due to poor harvests,</p> <p>Purchase of food is becoming difficult due to high prices</p>	<p><b>F) Obsolete traditions and customs</b> work against equity and fairness, an example is how it creates different possibilities to males but not same to females. gender as an institution impacts negatively females access to land for farming, female inheritance of husband's estate and other livelihood activities,</p>
<p><b>G) Rising School fees</b> – Drop-out rate increasing, Difficulties in paying up fees, Parents and other able bodied-household members were dying</p>	<p><b>H) Pests/Insects attack</b> on Crops, Seasonal weather and poor farm yields, Stealing of Crops,</p>
<p><b>I) Lack of NGOs impact</b> in the area to initiate/support government effort, Lack of policies that can support or supplement the efforts of the peasants. Farming became non-motivational vocation. Lack of farm extension officers meant that new approaches to more scientific modern and high yielding seedlings or options for innovative farming might be lost to farming</p>	<p><b>NOTE-</b> Almost a vicious circle of poverty is described where Poor yields leading to low storage, less food, more money needed for food HIV/AIDS deaths cause diminutive livelihoods, high dependents, and daily expenditures, in ability to pay school fees, child drop-out rates will become higher which will lead to child labour, no food security.</p>

Data Source: Field Survey, 2007

Table 5.6 shows the summary of the various threats that impact negatively on livelihoods

within the region sampled for the survey. As will be discussed in later sections as well as in the various household case examples that depict different household structures, it is important to mention that despite the numerous threats that impact negatively on the livelihoods of the rural farmers, the HIV/AIDS epidemic has been documented to be as worse than the collective threats put together (Masajala, 2007). In all the threats identified (Table 5.6, none other than HIV/AIDS attacks the human capital which is at the core of the livelihoods framework that is very crucial to organise, plan and implement programmes and projects that can aid all livelihood strategies/activities for development. It further undermines how to reduce poverty and be able to overcome most difficulties faced in the rural ecology.

Thus, HIV/AIDS is said to have created a new poverty and militates against livelihoods diversification and brings about instability in agriculture production (see De Waal & Whiteside, 2003). Upon the death of a breadwinner, resources used by household become depleted and livelihoods as a consequence collapse while dependants become helpless in the face of high school drop-out rates and both children and the aged become more vulnerable to food insecurity and become less resilient to stresses and shocks associated with livelihood strategies. (See the 5 case examples Chapter 4, 4.28-4.32 at the height of their livelihoods and thereafter upon infection of HIV. Thus the various threats to livelihoods had varying degrees of severity and were often exacerbated in the face of long term illness or the HIV/AIDS pandemic. Table 5.6 describes a situation that is in consonance with the vicious circle of poverty. Some of the critical impacts form the discussion of the next section.

## **5.9 Impacts of HIV/AIDS /Vulnerability and coping abilities**

The impacts of HIV/AIDS on the sites in both Ghana and Togo had far-reaching implications by rendering individuals as well as households vulnerable. Thus, HIV/AIDS induces livelihood insecurity, a common phenomenon within the study area. In addition, there are other main problems confronting the study area categorised as climate, difficult economic conditions such as lack of adequate employment as well as the existing social relationships that discriminate between the genders. Thus, lack of or access to assets, regular sources of income, kinship links, human and social capital, public services, exposure to shocks and seasonality of crops, droughts, changes in health status and differential access to assets by gender due to the social situation of women, made many individuals or households vulnerable.



From the analysis of the semi-structured interviews, about 9 different themes emerged, most of which emphasise vulnerability and which are very relevant to the discussion of Objective 2, and others, namely, evaluation of the cross-border impacts of severe illness such as HIV/AIDS on these networks and livelihoods. The last four of the themes that emerged from the semi-structured interviews which will be discussed in the subsequent sections of this chapter are a) Remittances b) Vulnerability/Capability c) Knowledge of Long Term illness/HIV/AIDS and d) Migration. In both Ghana and Togo, the majority of the respondents discussed the incidence of vulnerability which is linked to HIV in different ways as captured in Table 5.7 below.

**Table 5.7: Analysing of Vulnerability/HIV within the study sites in Ghana and Togo**

<b>Ghana</b>	<b>Togo</b>
Presence of long term illness/HIV/AIDS in the household has created dislocation in family finances.	Livelihoods suffer when the breadwinners get infected with long term illness/HIV/AIDS. Livelihoods get destroyed. Debts arise.
Factors that bring about the infection got through casual sex, lack of condom use and no good knowledge on the long term illness/HIV	Mobility/migration brings about economic boom to the area, on the down side, there have been vices from which HIV has become central
Livelihoods suffer greatly when people become ill during their trading as no one continues the work for them as before.	Support across the border dwindles when social network falls sick or have someone dying
Travellers lacking patience and rushing into sexual relationships without knowing each other well. So also is the greed among girls.	Young ages mostly 15-45 and are beautiful women are the age and sex suffering most illness
When the main contacts die, the network becomes weak and finally stops to exist.	The burden of care and economic difficulties increased are faced by the women when breadwinners die.
Some connection between people moving across the border and those who fall sick	Husbands who marry young and beautiful girls because they have money to entice them exposes their marriages to risks of infection
In order of severity, illness and robbery are two very big risks faced across the border	Border trading has been linked up with long term illness/HIV – making life risky
When people become sick, they don't go to the farms, nor do they carry out trading activities	

Data Source: Field Survey, 2007

From Table 5.7, various discussions of vulnerability have been put across by respondents. The seriousness of the issues raised in both countries can be understood better when linked to HIV and their impacts on livelihoods analysed. Table 5.6, under Ghana for example where item 3 reads: *Livelihoods suffer greatly when people become ill during their trading as no one continues the work for them as before*, cannot be properly understood if it were not linked with HIV and later on perceived as full blown AIDS. The impact of HIV/AIDS, unlike other illnesses, takes a long time to kill its patients during which time a lot of resources, time and energy are expended on the sick, as well as the carer(s), not forgetting the emotional and psychological stresses. In the event, the livelihoods upon which the individuals and households depend on for survival get no more attention as before. Thus a holistic thinking around all the vulnerabilities discussed and being linked to HIV as tabulated in Table 5.5 is very relevant to understand the serious nature of the vulnerabilities. Furthermore, it has been acknowledged that the impacts of HIV/AIDS are exceedingly beyond the sum total of the maladies faced by rural farmers (Masanjala, 2007; Seeley et al., 2004). The veracity of this statement will be discussed in view of certain case examples that faced other challenges as well as HIV/AIDS impacts on their livelihoods.

The impacts of HIV/AIDS on livelihoods, individuals and households therefore have dire consequences. Gender inequalities add a lot of negative impact to the HIV spread among the communities. The interviews conducted revealed many different aspects of gender by which power relations in terms of gender discrimination favour the males. The unequal power relations between males and females render the latter weak and unable to decide what is good for them. Thus, due to lack of rational choice and best decisions not taken by women, the women suffer many disastrous consequences of being infected more with HIV than men. Seeley et al., (2004) has described HIV/AIDS as a huge problem that has many different characteristics of gender which requires critical and new responses.

In many countries in sub-Saharan Africa, women may be forced to experience violence or being compelled into sex and thereby increasing HIV infection among women (Magadi, 2010). In addition, gender power imbalances affect largely women's capacity to propose the use of condom to their partners (Lagen, 2005). Thus, in most of the studies and in consonance with the responses of the respondents of this study, women bear the brunt of the skewed power relationship in favour of the men in a patriarchal society. What this means is that due to the men's inheritance of property over the years, the women can only enjoy similar

privileges through their association with men. In most cases, the dire lack of acquisition of the resources put the women in a situation of need and for that matter, a subservient bargaining position when faced with men in a negotiation or a dialogue. Women therefore become weak negotiators in matters that affect their own welfare or interest, hence women being more vulnerable than the men. However, Jewkes et al. (2003) found both positive and negative associations between certain indicators of gender inequality and discussion in relation to HIV and condom use, and therefore, emphasised more thorough understanding of how gender inequalities induce HIV risk.

It should also be noted that issues relating to women and HIV/AIDS are represented more in this study than men. This is because the prevalence of HIV/AIDS amongst women in the two researched countries, Ghana and Togo, is disproportionately higher than amongst men (Mead, 2007; Togo, IMF Country Report No. 10/33). In the literature the relationship between gender and HIV/AIDS is well documented (Seeley, et al., 2004) with majority of the literature citing women as the most vulnerable as they suffer domestic violence, stigmatisation, sexual abuse, poverty, (Gordon & Crehan, 1998; Sopova, 1999; Human Rights Watch report (2002); (Seeley *et al.*, 2003; Koenig et al., (2003). Most of these issues were also identified in the field work and will be discussed in the sections later. For more on gender violence, dying of HIV/AIDS epidemic and different scales of vulnerabilities or suffering associated with or caused by gender relations, see Barnett & Blaikie, (1992); Gillespie, (2001); Whitehead & Kabeer, (2001); Walker, (2002); Whitehead, (2002); Kabeer and Tran Thi Van Anh, (2002); FAO (2002); Seeley, Sutherland, Dey & Grellier, (2003); Whitehead & Tsikata, (2003); Fox, Rosen and McCleod, (2004); Sa and Larsen, (2008).

A Queen mother in AVE-HAVI, a village in the Volta region in Ghana commented that in instances where a man dies out of HIV/AIDS, women are those who disproportionately suffer. The Queen mother observed that even in a family where the husband and wife live together with children, and when the man dies out of HIV/AIDS the women are denied their inheritance, as observed in the following quotation:

*"Women are the weaker sex, so are helpless and very painful they do not inherit anything from their marriage"* (F, Age 28, AVE-HAVI, Ghana).

Another observation was also based on the fact that from the samples analysed, the men were

often older with more resources than their wives (Bertrand et al., 2013). In this situation, women are rendered very vulnerable with limited options at hand. UN Special Session on HIV/AIDS, (2001) argue there is an increasing sign that most of the new cases of HIV infection is caused by gender-biased violence which occur in homes. It further maintained that in many places, it is the girls and women who are confronted with the HIV risks of infection more than men due to the decreasing social and economic status that has prevented them from having safer and healthier life strategies. The following section will explore reasons for migration/mobility and its concomitant impacts of HIV/AIDS pandemic.

### **5.10 Reasons for crossing the Ghana–Togo border and HIV/AIDS Impact**

The sampled region in both Ghana and Togo has had a common and a symbiotic relationship with one another for a very long time. The Ewes of both countries have had a common ancestry, the same ethnic group with the same traditions and culture. The demarcation drawn on the border during the colonial period never prevented the Ewes on the two sides of it from visiting each other. The kinship-ties found among the Ewes across the border were very strong and exhibited a “mutual acceptance of each other and reciprocal tendencies” which was usually found in the daily interactions of same people who lived together happily, but for the colonial “curtain” or borders imposed. The borders rather ‘sensitized’ how important it was to continue having mutual relations with one’s kinsmen. The rigorous informal border trading activities, fosterage of relatives’ children (to attend schools, seek menial jobs to supplement farming) in carrying out livelihoods and trading/business activities within the environment due to the prevalence of two economic systems near the borders have intensified the bond of relationship that far predated the drawing of the borders between this same ethnic group.

Thus, migration/mobility across the border for genuine trade, according to most sites in Ghana, is very important in the grand scheme of things and secondly to have the network and social capital as essential prerequisites for boosting their trading activities. The Togolese sites even though enjoy the benefits of trading or “economies of scale”, maintained their border crossing was mainly due to the fraternal relations and rapport that exists between them and the Ghanaians and that trading comes second. The responses during the interviews conducted collaborated with the findings from the livelihoods survey (quantitative survey) as in Table 5.6. Despite the Togolese strongest motive for crossing the border was visiting of relatives

(66.2%), in Ghana the most important and compelling reason was (trading/business/labor (45.4%). Even though the movement across the border was not only made by the Ewes, that carried out by the Ewes due to same language milieu, bears a much more humane, over-zealousness and compassionate attitude with often heard expression from the travellers “we are just visiting our family there”. With this brisk movement across the Ghana-Togo border, were people who were being infected due to risky sexual behavior in form of transactional sex, prostitution and greed for easy money (Mead, 2007).

The young and beautiful women whose stock of trade was to cash in on the “buoyant” Togolese markets often had to yield in to transactional sex as demanded by the border officials, high profile tourists in and out of Lome or in times of risk when their goods were stolen or had incurred serious debts during their trading which needed to be reimbursed (Mead, 2007 op cit). Though, polygyny is an institution that frowns on promiscuity, the risks were very high among the young traders as was often heard when many fell sick for a long time and were no more trading. The HIV/mobility and livelihood nexus got into precarious problem when long term illness befell any of the active border traders and consequently destroyed their livelihoods when the small savings made had to be used to seek medical care, often to no avail (see case examples of households belonging to Sarah’s FHH through to Mama’s FHH, Ghana, Chapter 5).

It should be re-called that most Togolese migrated to Ghana during the colonial and early days of independence for decent employment (See Twum-Baah et al, 1985). The current Ghanaian traders sleeping over with relatives in Togo in order to seize opportunities in using their labour power to do jobs or sell their goods or foodstuffs in the Togolese markets can be seen as ‘reciprocal exchanges’ of tangible or intangible values and rapport that bind the same ethnic people (Ewes) in their daily dealings. The other pattern of movement consisted of people crossing the border to either nearby or distant locations and even abroad to look for ‘greener pastures’ or to attend schools. Due to the need some household members fall into temptations of having unprotected sex with people on the border and as a result “inject” HIV into the sexual network of polygamous relationship. See the case examples of households A-E of the negative impacts of HIV/AIDS within the study area.

Fostering of children belonging to relatives across the border has been observed as an old practice undertaken by the Ewes, to first of all give a solid and an unadulterated form of

upbringing for the children. As some parents feel they may over protect their own children by associating the upbringing process with rather too much passion and an undisciplined child is a stigma and a disgrace to the parents as well as the family, children are sent to stay with strong and powerful members of the extended family. An important factor of the fostering (See Bledsoe 1990; Castle 1996) across the borders is to allow children from the English-speaking side of the border (Ghana) to learn another language, in this case, French (Togo) and vice versa.

### **5.11 HIV/AIDS impact on remittances**

Remittances or money transfers from non-residents to their relatives left behind in the households of their origin played and continue to play a very important role in sustaining livelihood strategies. Estimates for remittances to Ghana, range from US \$500 million to US \$1 billion (estimate of the IMF and the Bank of Ghana) for 2003 while Ghanaian citizens abroad sent total remittances to the tune of \$2.96b during the first two months of 2012 (Ghana Web, dated 1<sup>st</sup> May, 2012, Bank of Ghana, April 13, 2012). Gupta, et al (2007) argues that Togo among other countries consistently has remittances which are greater than official assistance. The remittances comprised of two main parts, cash and non-cash, which is popularly referred to as cash and in kind<sup>80</sup> support. Remittance contribution to livelihoods from migrants/nonresidents to people within the sites in Ghana were (35%) while same help from citizens to sites in Togo was (30%), implying the crucial role remittances play in the study. See chapter 4 (Table 4.10) based on livelihoods) as observed earlier.

From Table 5.8, it can be seen that remittances play a very important role in the life of the individuals/households. Within the households, females in both countries received high money transfers.

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<sup>80</sup> Remittances in kind involve food items, medicines to the young and elderly, and goods such as cloth, materials used in the household domain wireless, fridges and stove or industrial goods, corn mills and at times, Lorries. Usually the dominant remittances consist of cash to be used for purchase of food items, for payment of school fees and monies to defray funeral or other debts incurred by resident members of the household, and also pieces of cloth sent to be used by parents, elders and children (offspring, foster children and orphans) living either within the household or within the extended family.

**Table 5.8: How HIV influences Cash Remittances sent to Households**

Country of Respondents	Sex of Household head (N=280)	Remittances in form of Cash	
		No one ill	One person ill
Ghana	Male	38.6%	61.4%
	Female	11.4%	88.6%
Togo	Male	33.3%	66.7%
	Female	16.2%	83.8%

Data Source: Field Survey, 2007.

A high proportion of the remittances sent in the form of cash (cash remittances) were received by females in both Ghana and Togo. While 88.6% female household heads (FHH) received cash remittances if there was one person suffering from long term illness/HIV within the household in Ghana, it was 66.7% of female household heads (FHH) who received cash remitted for similar purpose in Togo. The contribution of remittances to either female heads or the male heads in Ghana is very significant in the grand schemes of assistance or financial support given to the relatives left behind. Female household heads (Table 5.7) with one household member to be cared for, received nearly 8 times (88.6%) as much remittances in Ghana as when there was no member within the households while similar female household heads in Togo received just slightly over five times. This means the non-resident Ghanaians support was very sensitive to the plight of their household members who were infected by long term/HIV infection or suffering from AIDS.

While the men did not have similar higher positive response of remittances or “elasticity” of remittances/financial support as sent through to the female heads, the Togolese men, however, had slightly more than double when there was one person or household member ill. From this analysis one can make inference that caring for the HIV/AIDS patients were mostly done by the women as monies/cash were sent directly to the female household heads for the care work. The male household heads received remittances solely from their children who lived outside the settlements and perhaps from the extended family too. The female household heads had better chances of being catered for through higher remittances by people who travelled outside, including their spouses/ children and other relatives who sent school fees and other households “financial packages” to enable life go on. In Ghana, remittances received were significant as  $P < .001$  while in Togo the contribution of remittances is very important but not

significant as  $P > .085$ . Notwithstanding this help from people abroad (non-residents), HIV/AIDS had often truncated this household “aid” and rather made life very difficult by destroying viable livelihoods and the people’s savings upon household members becoming infected with HIV.

## 5.12 Impact of HIV on Non- Cash Remittances sent to Household

Non-cash remittances are no less in importance than cash remittances. The remittances sent home preceding HIV used to help the household heads/household members to undertake viable and varied livelihood activities especially farming and trading of goods across the border but which at the inception of the HIV/AIDS, used to be either diverted for care of the sick or used up entirely. (See case example of MHH 4, de jure –Michael’s when corn mills were used up when long term illness/HIV/AIDS ravaged the household). As a result, the laudable goals of these investments made by the non-residents or the emigrants do not bring any healthy economic expansion in the livelihood of the individuals or household members of the settlements.

**Table 5.9: Non-Cash Remittances sent to Households**

Country of Respondents	Sex of Household head	Remittances in form of Non- Cash (kind)	
		No one ill	One person ill
Ghana	Male	52.1%	47.9%
	Female	32.7%	67.3%
Togo	Male	62.2%	37.8%
	Female	46.7%	53.3%

Data Source: Field Survey, 2007

Table 5.9 depicts about 2 out of 3 (67.3%) female household heads in Ghana received non-cash remittances as compared to the Togolese counterpart’s of 1 out of 2 (53.3%). When no one suffered from long term illness/HIV within households, MHHs in both Ghana and Togo received more non-cash remittances than their female counterparts. But when one person became ill, the non-cash of the men became smaller. Apart from the fact that resources (cash or in kind) were sent directly to FHHs who took care of the sick and also a cut-down on other remittances to enable more resources to be marshalled for the sake of the sick, remittances, however, were also sent home when there was no one ill. This meant that non-cash



remittances were remitted for on-going development projects and other livelihood activities to the MHHs but which stopped at the advent of a sick person found in the household.

This also meant non-cash remittances sent men were elastic as it changed drastically when someone became ill. Thus, the difference between female household heads' non-cash remittance receipt within the two countries was found as playing a very important role but which was not statistically significant when tested, as the value of  $P < .026$ . Furthermore, the difference between genders of household heads in both Togo and Ghana was also found to be very important but not significant, when it was statistically tested, as value of  $P > .85$ . It must be emphasised that the care for the sick which was and still is said to be consuming many scarce resources of individuals and households in the study such that the HIV pandemic has forced the afflicted and affected households to sell most non-cash remittances so as to cover the cost of care and other aspects of domestic budget have been shown.

### **5.13 Impacts of HIV/AIDS on wages and 'labour' and other income earning activities**

Women play a very crucial role here as they perform different role sets. It is mostly women who travel across the border to trade and come back. Stock (2004: 287) says "In Ghana, as in several other parts of Africa, to enter a market place is to see the economic power of the women. Most of the traders are women". In the context of low farm productivity and income shocks such as drought, HIV pandemic, market failure and ability to earn cash income to finance farm investments was and is still important but very difficult to realise while many people die of HIV/AIDS. A female household head made a comment about how it was difficult to make ends meet when she had to do all kinds of hard work without the support of anyone, when she said the following:

"I had to work on my own to be able to feed the young children, especially the girls, whose clothing, home science fees in addition to the usual school fees were rather high. I wished the Local Authorities could help us out of these difficult economic situations" (A 50 year old FHH, de jure, A single parent at Ave Havi ).

If the resources in terms of food and income earned through subsistence farming were adequate, sufficient and reliable, there would not have been much rural indebtedness exhibited with varying grades of diversification of livelihood activities within the study. The

spread of HIV infection in the study has aggravated the already high degree of poverty. See the case examples of households (Chapter 5, case examples 5.17-5.21) upon inception of HIV/AIDS that has engulfed the poor and the rich and the debilitating consequences it brings upon families. In such daunting circumstances, these rural people look up to governments to come to their aid.

#### **5.14 The Migration, Livelihoods and HIV/AIDS nexus**

This study intends to create a situation that can aid the comprehension of migration, livelihoods and HIV/AIDS nexus within the geographical area sampled. Migration in West Africa in general and specifically across the Ghana-Togo border predates the artificial borders that emerged during the scramble and partition of Africa (in the 19<sup>th</sup> century) among the colonial powers. Citing Adepoju (2000), Agyei and Clottey (2005:3) maintain that “Migration among West Africans in general has been described as a way of life and it dates back to the pre-colonial era. This is because the people have migrated over the generations in responses to demographic, political and economic factors. Thus, long distance migration (across frontiers) is not a new thing in West Africa”. Good networks and social relations in the form of social capital, as well as economic ties between the Ewes were and continue to exist across the border.

From the study (see Table 5.6) it has been found that the three most important reasons why Ghana-Togo border residents cross the borders were for purposes such as trading/business, visiting their relatives and also in case family members fall sick/die. In fact, while 45.4% in Ghana were crossing the border for trade/business, in Togo the highest percentage of travellers (66.2%) were visiting relatives in Ghana. As stated earlier, the trading/business motive is very strong among people from the Ghana sites who move towards Togo. The relatives, family members, trading partners and friends across the Ghana-Togo border form a viable network within which these people have “nurtured” and “groomed” crucial social capital, that is based on mutual reciprocity of exchanges, which no doubt assists and binds these border residents in their daily living activities.

The relationship based on consanguinity, blood relations and trust usually established through mutual trading relations and other sort of interactions are very critical factors that bind people together. Furthermore, it is only close relatives and very good friends who attend certain

funerals in the Eweland<sup>81</sup>, and for people to pay visits during time of grief or happiness meant relationships were not based on pure economic motives. That is why, the Ghana-Togo border, which assumes the status of an international border in theory (on paper) do not pose the usual bureaucratic “nomenclature” or tendencies to be able to inhibit mobility to and from across the international frontier in practice by the residents on different sides of the border. A few examples of the respondents’ responses in the interviews on networks help to explain how they feel attached to each other by these links or contacts across the border, as postulated by Barth (1969) theory of ethnic group and the overwhelming degree of social capital as explained earlier in chapter 2.

A Queen mother from Ave-Havi, in her late 20s said the following:

*“My grandfather’s children live there. They serve as our business partners. There are some friends who also serve as good contacts across the border. Through these groups/networks and the activities we carry out, money is made available especially when people have good social network that provide relevant information for business. However, the cross border activities get reduced when the main contacts fall sick and die” (F, 28, AVE-HAVI).*

The migration streams observed within the study area comprised of rural- rural, rural - urban, urban –rural while mobility across the borders consisted of trading activities and business across the border (see Table 5.6 for evidence), movement across the border in search of jobs and long-distance travels both across the border and through the capital cities. A few reasons explain the different migratory trajectory from the study area. Most of the people migrating from these rural settlements to other rural locations, in this case, moving from rural to rural, were people who moved out of the settlements in search of farm lands to farm or in search of lands to serve as grazing fields for their livestock. An informant mentioned that some households in Alawogbee, Ave-Havi and Batume, leased out lands to others on share

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<sup>81</sup> According to (Agbodeka, 1997: i) “The Ewe of Ghana refers to the Anlo and Tongu in the south-eastern part of Ghana, as well as the north-western part as Eweland.” He furthermore identified their principal traditional economic activities as farming, fishing and animal husbandry among others. The Ewe people refer to the Ewe language as Ewegbe, which is categorised as trichotomously as it includes Anlo, Tongu and Eweme (Agbodeka, 1997, oppcit).

cropping basis. Women are the largest group that travel on short duration from the rural settings to the urban areas and back.

Men are also the dominant players who moved from rural to rural either within their locality or farther away from home, most often without their spouses at the beginning. During some funerals rites, it was observed the majority of the non-residents of Ave-Havi and Alawogbee came from the cocoa growing areas of the Eastern and Western regions of Ghana where it was said they combined food crop and cash crop- cocoa farming. Furthermore, strangers to the study area as well as lonely women (widowed, divorced and unmarried) and women whose husbands had small parcels of land used to be marginalised and often in dire need of land for farming. Crossing the border for trading purposes, or visiting of relatives over the border during festivals and grief depended on money. Money plays a major role in the business as well as fraternising with relatives across the border.

Often, the brisk economic activities in form of residents taking part in buying and selling of goods, finding short term menial jobs and other varied businesses were useful as these activities help diversify their livelihoods which could possibly neutralise the effects of risks and shocks from depending on only farming. Bebbington (1999:2027) contends “Where agricultural intensification has been limited, and other rural employment absent, the principal livelihood adaptation has been temporary or permanent migration”. Even though it is expensive to the one migrating, migration has become a survival strategy which many families can hardly avoid (Bebbington, 1993; Chambers, 1987). Besides, by visiting relatives across the border during festivals and funerals rejuvenated the kinship ties and network relations in form of social capital that was relied heavily upon during times of assisting the needy and the aged, people in financial difficulties, grief, illness, care for the sick and death.

The movement across the borders on its face value will not have been problematic, as it helps to diversify livelihoods, brings food to table by promoting food security and mitigates against the probable risks and shocks experienced in overdependence on farming alone, but for the presence of HIV/AIDS. As mobile or migrant populations have been associated with high HIV/AIDS, (Lyons, 2004, Horwitz, 2001, Balthazar, 1994) the story of the people crossing the border for socio-economic activities within the sampled region has become very delicate.

Crush et al, (2006:28) citing Haour-Knipe and Rector (1996), as well as Kalipeni et al, (2004)

assert that “Links between HIV/AIDS and migration are close and complex”. The spatial distribution of HIV/AIDS in Ghana in general and specifically the study area can be linked to mobile populations, who had travelled earlier to Ivory Coast and Nigeria and had returned. Many gossips and acts associated with stigma of these migrants were peddled around in both Ghana and Togo. A very successful male household head who hailed from Akpokope married two women. He worked very hard and combined food crop farming and weaving of local kente cloth. His wives however, traded across the Ghana-Togo border and currently his younger wife was sick during the time of this study said the following:

*“Farming was a hard work for the women. It was more convenient for my wives to do other livelihood activities so as to care for the home. I therefore secured a working capital for my wives to trade across the border as it was lucrative. I realised there were many challenges and temptations that confronted them. I must however, admit that I was financially supported by my wives. The border crossing activities provided money and affected our collective livelihoods positively. My wives, however, became vulnerable because they traded across the border often and sometimes slept over with relatives. The same money realised from trading across the border was used to cater for the sick and in defraying funeral expenses. I over spent all the money my younger wife had earned while trading together with my own resources when she became ill. I used a lot of my money and other assets in lieu of helping to find a lasting medical cure for her, but without much success”* (A Male HH, 52 years old, Akpokope-Wodome, Ghana).

This is consistent with the literature that mobile populations stand higher chances of being infected with HIV. HIV/AIDS and migration therefore have strong links and there exists sufficient empirical evidence in Sub-Saharan Africa depicting higher HIV incidence along roads and among migrants and partners (UNDP South East Asia HIV and Development Project (Bangkok, 2002); Anarfi, (1993); Bockerhoff and Biddlecom, (1999); Lurie (2003). Citing Wilson, et al, (2001), Crush et al., (2006:29) maintain “Border towns have high rates of HIV prevalence, being places where transients such as truck drivers encounter a more stable local population, and which are by definition remote from nationally centralized HIV/AIDS intervention programmes”. The border region sampled for this study (Ghana-

Togo border) is located within the Lagos –Abidjan Corridor<sup>82</sup> which experiences mobile population groups and huge local population movement within it. An informant said emphatically that as a result of the study area's proximity to Lomé, which harbours many migrant workers, the border residents are always exposed to foreign people and their culture which is at variance with the locals'.

### **5.15 Case examples of Selected Households.**

Case examples of 5 Household Structures will be discussed with regard to vulnerabilities and well-being, migration, long term illnesses, widowhood, livelihood diversification and remittance as well as the general impact of HIV/AIDS/ long term illness on the households.

#### **5.15.1 Sarah's household in Ghana**

Sarah was the Female de facto household Head (FHH), aged about 53 years and in charge of 11 household members (herself inclusive). The gender distribution of this household comprised of seven females and four males. The age span of the household was between 16 and 79 which typified. This household worked very hard. The niece cared for by Sarah within the household was her brother's, who had lost his life through long term illness/HIV. There were two people suffering from long term illness/HIV/AIDS. One of the unmarried sons at the age of 34 had contracted long term illness/HIV

He had stayed in Nigeria and Ivory Coast before. He actually contracted HIV/AIDS. He was on and off with ill health during the previous farming season. His contributions on the farm fell low. Apart from the worry caused by his health, people began to gossip around a great deal. The 26 year old daughter who had been attending the university complained of incessant diarrhoea and bodily pains. Sarah had been busy taking her son and daughter in turns to health facilities near and far alone as her husband stayed in Accra.

Recently she took the son to herbal treatment centre and words went round that his son had been charmed due to his hard work. The daughter who used to help the mother in her livelihood activities like travelling across the border with goods often has also stopped. Only

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<sup>82</sup>. The Lagos –Abidjan Corridor comprised of five countries in the West African sub-region. The study area lies within the corridor. These countries are Cote D'Ivoire (a very high HIV prevalence rate, the largest cocoa producing country, Ghana – a fairly stable country that has been the home of many refugees from the war torn countries in West Africa and which has recently discovered oil (2007-2010) and currently the largest gold producing country in the region as well as the second largest cocoa producing country in the world, Togo and Benin and finally Nigeria, with high HIV/AIDS prevalence, a country which until now had been the largest oil producing country in the region.

the maid servant – 18 years who stayed in the shop, came back home to be able to fetch water and cook as well. The mother of Sarah, though old, used to assist the maid servant once a while in the cooking activities when Sarah was not available. The husband, due to the illness commuted more frequently between Accra and the settlement sometimes, absenting himself from work. These two offspring's health engaged their mother to the extent that she was having a rising blood pressure. The current farming season was not actively patronised by the woman (FHH). There was a general sad atmosphere or despondency, in the house that used to exude a lot of joy and hope. The children's grandma used to blame the illness on the jujumen saying "These people have charmed my grand-children because of their hard work". The consequences were that Sarah was no longer free to be on the farm, let alone supervise the labourers. HIV/AIDS injects a lot of shock, stress and undermines the foundation of livelihoods, which otherwise would have been sustainable.

Sarah had not been well herself. She had a lot of stress due the illness that had entered her household. The farm work was not taking off well. The trading across the border could not be done by the maid alone. It was not only the goods that became scarce but money was also becoming hard to come by. She had to pay school fees, pay for expensive medical bills on behalf of her two adult children. She dreaded HIV/AIDS due to the expenses and indignation she had suffered when she lost her brother. It became clear recently that the son had contracted the HIV from the Ivorian woman the son had lived with earlier as confirmed by the doctors. The daughter's health status was yet to be known. The trading and sales from the shop were also at their lowest ebb as people were avoiding buying their goods/wares. There loomed a tragedy in the offing for this household.

### 5.15.2 Mansah's household in Togo

A prosperous woman born at Alawogbee about 55 years ago was called Mansah (not her real name). She went to the Ivory Coast to help a relative as a domestic aid but had to stay long. She worked hard and got a capital to start her own business after leaving her mistress. She was married to a man who also hailed from Alawogbee while in the Ivory Coast. They had 5 children in all; 2 boys and 3 girls. The woman and her husband worked very hard to educate most of their children. Some of them went abroad to study while one stayed and worked in Germany. Upon her return home, she made her mother (70 years) stay with her.

The husband stayed on and married an Ivorian woman in addition to her. Not long after, he came to work in Lome. The man fell ill and had to be transported home to Alawogbee. He became a little bit better, but after a while, he deteriorated and became worse while rumours went round that he was suffering from HIV/AIDS. Due to the stigma, the woman's chop-bar (a small restaurant) collapsed. The man had all the support of the wife at home and also remittances both cash and kind from the children abroad. The woman took all the needed care of the man who finally died two years ago. The implications for long term illness/HIV on households both rich and poor are precarious. Much of the resources gained through livelihoods activities and remittances from offspring abroad were used for care and payment of medical bills instead of putting the said resources into further development.

Mansah was a successful trader within her community. She did farming as well in order to support the household. Owing to her husband's ill health, she devoted her time and resources to help him. Unfortunately, after many years of fruitless efforts, he died. The late husband's family neither helped the woman to care for their relative nor were they willing to sell some of the large family land to be able to raise substantial money needed to give the man medical care. As a result, Mansah used up almost all her resources and secondly had to sell most of her jewellery. She was emotional when I met her (Mansah) for the first time. At the time she told me her story, she was no longer within the family house of the late husband. She had been ejected from the husband's home and was not allowed to be farming on the ex- husband's land. She was accused of forsaking the husband in Ivory Coast which forced the man into another relationship which culminated into the locals harming the diseased 'spiritually'.

The woman, was the "deputy household head" when her husband was alive in the Ivory



Coast. She had some resources and money before the husband became ill. The long term nature of the illness and the confirmation later at a health facility in Lome as HIV/AIDS made the spouse to spend almost all her money. She therefore became poor and could no longer assist the other relatives, let alone help the last two children (son 17 years, daughter 23) to realise their educational goals, except for the remittances received from her daughter living abroad. HIV/AIDS obstructed or stymied the personal development of Mansah and made her to become nearly a destitute after long period of the illness. The social system of inheritance which prevented the women from inheriting their husbands' property made it often difficult, in this case for Mansah. It was rather difficult for Mansah to be able to cater for the rest of her children's education alone and not only that, but also the HIV/AIDS disintegrated the household structure as she finally could no longer foster the niece.

### **5.15.3 Kwadzoga's household in Togo**

Kwadzoga, who was born at Batume, was 65 years old. This household was a typical de jure Male Headed Household. His wife, who was 57 years old woman, was called Apeli. She hailed from the same settlement. The man was a very successful farmer who managed to educate almost all his children from their toil. He was very much supported by the wife and as a result they had an enabling social environment for the overall development of the children.

Kwadzoga's ageing father (88 years) and a daughter from an earlier marriage (36 years) as well as her sister-in-law (39 years) lived with them. So also were two sons and a daughter living at home. A son and a daughter were staying in Lome and Accra respectively. There was a domestic maid who stayed and helped the couples in their livelihood activities. Life within this household was like a role model which many other households would like to emulate, especially, their diversified and buoyant livelihood activities.

The two adults (man and woman) staying outside their settlement were of great support. They remitted their parents in both cash and kind. Kwadzoga and Apeli had always successful maize and cassava farms. The man had a flourishing palm plantation which aided the woman's palm oil extraction business. They had good livestock in addition to the local cloth store they operated. Their fortune changed when Kwadzoga, the main 'bread winner' became ill. Not long after, their two children, a boy of about 23 years and a girl of 28 years became ill. When the man's illness started, other members of the settlement felt that he might have offended the gods. Evidence from the rural traditional setting suggested cross-referral health

care approaches (traditional & western), which used to be a common place phenomenon, was often a preferred option which was perceived to be more helpful to the afflicted. The belief was that when they took two different approaches or means of finding a cure, they would give a holistic view and a quick solution to their mishap.

Kwadzoga travelled far and wide to both traditional healers in Togo and also to a number of traditional herbalists and hospitals in Ghana so that he would be able to use all available possibilities of finding a cure. The household sold the palm plantation to palm wine tappers who would distil local alcoholic drink called akpeteshie<sup>83</sup>. Kwadzoga's health conditions rather deteriorated from bad to worse over the years. He could not farm any longer, neither was the wife; who had to use most of her time caring for the husband. As was observed in most of the sites, the 'serious cases', which meant terminal cases, were being referred to the traditional doctors. Sending the sick to the herbalists, as in the case of Kwadzoga, his image was being protected by his wife. She denied the husband was suffering from the HIV/AIDS and by so doing would avoid the stigma which was associated with people dying in the hospitals which were public institutions where information would circulate faster. The two sick children died within month's interval of the death of the household head, Kwadzoga. Despite the children's support the remittances were no longer sufficient and adequate to cater for the household's daily living activities minus their parents' collective incomes. The housemaid no longer stayed. The livelihoods crushed and household became decimated.

#### 5.15.4 Michael's household in Ghana

Michael was a male household head, aged 62 years and a wife 48 years, whose household members were 13 in number. There were 8 females and 5 males. This household alone had three members living abroad. On a face value, it could be said that people who wielded a lot of social capital or networks were more likely to have their children travelling abroad. There were a sister-in-law and a mother-in law staying in this household. A relative's son at the age of 21 years old stayed with Michael. The two maids of mature ages (18-26 years) meant that they could undertake many crucial livelihood activities with little support. There was an inter-generational gap within the household that was exploited to their benefit. The mother-in-law was very helpful in taking

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<sup>83</sup> Akpeteshie or sodabi is the local name given to a local strong alcohol made from palm wine. The juice taken from palm trees is very sweet and is called palm wine *deha* (drinks from palm tree) in the local language. The juice is fermented for a number of days, usually a week or more and later on distilled into a strong alcohol. Even though the price of akpeteshie is on the increase, it is cheaper as compared to the imported or factory manufactured alcohol beverages. This local *sodabi* is used for performing local traditional rites, such as marriages, settlements of disputes between husbands and wives, and used in performing funeral rites. Is an adored stuff by people who would want to get drunk quickly during ceremonies of happiness and grief and hence it's also called 'kill me quick'.

care of the grand children when they were young. This male household head (MHH) had been a progressive man.

A lot of resources in comparative terms had been made available to him by his children staying outside the settlement. Apart from his successful farm work and combined effort with his wife in running two corn mills and a shop, he was a money lender while his wife also traded lucratively across the border. There was always use for maids in this household to help with other livelihood activities. Through the process of running the corn mills and lending monies to people at a reasonable rate of interest, Michael was a very popular man, especially among the women who lacked small financial capital. In fact, Michael got married to three other younger women, two of whom he got to know through his financial dealings.

Two of the younger wives who also traded vigorously across the border, and partook in active sales of foodstuffs and other varied goods got sick and had been diagnosed as HIV/AIDS. It was alleged that these younger women had transactional sex during their trading activities. Michael had not been well even after consulting herbalists for cure. The eldest wife (48 years) had to accompany him to Accra for a thorough medical investigation when it was revealed he had contracted HIV/AIDS. With him things happened fast for the worse. A few weeks after he had come back from Accra, he died. Most of the monies he had lent out to people were not documented and never got retrieved. Some of these monies belonged to the children staying outside their settlements with the objective of putting up houses and carrying out other development projects on their behalf.

In no time, two maids had to leave the eldest wife due to prevailing economic difficulties. It was only one of the corn mills that operated under 50% capacity. There was a lot of money that was used to care for Michael with the intention of resuscitating his life. It was never achieved and coupled with an expensive funeral, much of the household's money and resources were dissipated. The shops collapsed and the trading across the border was no longer undertaken. The sister-in-law (25 years), the sister to Michael (36 years) and the brother (32 years) also left. The son (28 years) married to a woman he had met from Ho during his father's burial and funeral rites. He had also left home. The impact of the HIV/AIDS on this household was very devastating. It was alleged that Michael had used a lot of money on caring for the other two younger wives when they were ill. It was at the point of total collapse of his other livelihoods, when his long term illness /HIV/AIDS deteriorated and ended up in his death. Livelihoods seem vulnerable in the face of HIV pandemic, so also is the household structure undermined easily on the inception of the HIV.

### 5.15.5 Mama's household in Ghana

Mama who hailed from Akpokope- Wodome, a site in Ghana was about 58 years old when she was divorced by her husband. She was a typical de jure Female Household head (FHH), who had no husband to rely on. She had three beautiful children of which there were two sons and a girl. In any case, there were five females living in her household. In addition she had her old mother (76 years) who seemed to be suffering from mental dementia and who needed daily care. After the divorce, the boys went to stay with their father and their step mother and only paid occasional visits to their mother. For some unknown reasons, the late brother's daughter (25 years) and a relative's daughter (18 years) became sick almost at the same time. Initially, there was the feeling that they were sick of malaria or fatigue. This made many people have a lot of empathy for them and especially Mama as she was a lone woman. After a while, there were mixed speculations that they were bewitched. Upon the advice and support of her daughter living in the UK, it was discovered at the Ho Regional Hospital (Trafalgar) that they were suffering from HIV/AIDS. Mama took them to both the traditional healers and the local health centre at Ave-Dakpa, which was close by. When Mama realised that they became very lean and would therefore attract attention of the community, she sold the jewellery she inherited from both her grandmother and mother. She also sold most of the traditionally valued pieces of cloth and valuables to seek solution to their deteriorating health.

It must be mentioned that due to the divorce, the two sons did not reach the highest apex of their academic career. After Mama had sold all her livestock, she used part of the sales to defray some of the health care and transport costs. The younger of the two sick girls had to stop schooling. The stigma was very high as the people who knew this household said many negative things about them. They became isolated as rumours went round every now and then within the settlement that, Mama's daughters were suffering from the incurable, the *dikanaku* or *dikadika* (local name for HIV/AIDS). I was informed by Mama that a cousin who she had helped in the past and who lived in a village, just a few kilometres away used to come and lend support. They could not often buy firewood or charcoal, let alone heat water for bathing. Due to the long term illness/HIV/AIDS, Mama's son (27 years) staying in Accra was often found coming home to assist the mother. When seen in Figure 5.8, chapter 5, the son had both lines and broken lines implying that even though he lived outside the settlement, he was shuffling between Accra and Akpokope-Wodome on very regular basis. Mama's grandson (8) years had to look for food from other people's old/abandoned farms, the wilderness or fruits and vegetables from the bush around the settlement. Despite Mama's financial support from her children and their work on the farm, everything came to a standstill. Mama coped well during the HIV infection. Her children and an old social capital did their utmost best to help

sustain the situation. It was a household with few but almost female dominated members who but for remittances and the son's frequent home visits would have had much more terrible impacts of the HIV infection.

#### **5.15.6 A critical discussion of the Household types in the face of HIV/AIDs**

In fact the case example 4- Michael's household was discussed as one with a lot of resources. Running of two corn mills at the same time and being the source of credit creation or micro-financing in the villages studied was actually first among equals. In addition, there were three different sources of remittances as he had three children outside their environment. It was actually in Mensah's household where the household structure tumbled and people quickly left upon his demise. In Sarah's household for example, where two of her children were infected about the same time brought a lot of stress to Sarah, to the extent that her supervisory role on the farm was lost. She had no time as she interchangeably took her children to seek medical care. Unfortunately, much help never came from the extended family. The son was an adult, who helped the mother just as the sister did in carrying out most of the livelihood strategies. The negative impact the long term illness/HIV had on the household was that the roles the two adults played were no longer tenable.

The FHH did not also play her role as she had no time at her disposal. The spouse in Accra used to travel home to assist the wife. Finally the vibrant diversified livelihoods started suffering and due to stigma, the shop taken care of by the maid servant was closed. Definitely, money became a problem when the livelihoods dwindled and resources from other livelihoods that used to prop up other livelihood strategies got dried up. The situation was not different from case examples 2 and 3 where the negative effects of HIV/AIDS first of all destroyed Mansah's and Kwadzoga's livelihoods and the effects of stigma made people to abandon the chop-bar which used to be viable for Mansah. With frail health of the main breadwinner, the situation for Kwadzoga became quite bizzare in addition to his two children. Kwadzoga's livestock and palm plantation which used to be the support of his other livelihoods dwindled as most was sold. The dependence on remittances from the non-residents of various households became inadequate in view of the uproar and dislocation HIV/AIDS introduced into the socio- economic management of each household. The "mono" livelihood source of income became very inadequate. In Mama's household, the members were mostly women and as a consequence two girls who became HIV infected were her

relatives for which she sold her jewellery to be able to disburse the medical bills. Mama had a lot of empathy and support from her son and someone she had cared for earlier on. Unfortunately, despite the variable degrees of resilience and “success” of livelihoods strategies adopted, the ravages of long term illness/HIV/AIDS on households studied were deep and critical to learn from. The above discussion is followed by the case example 4 below.

### **5.16 Summary and Conclusion**

The complex relationship of diverse and dynamic livelihood strategies found in the study area explains the different levels of assets each individual or household had. Both short term and long term illness exist in the study area and all have their negative effect on the ability of the farmers to carry out their livelihood. The different asset bases within the different households, make these households either susceptible to different forms of vulnerabilities or resilience and able to withstand the shocks and stresses brought about by HIV/AIDS.

The highest recorded site of the people suffering from long term illness was Ave-Havi which is located at a confluence of a road network which linked both road from the Volta region and the road from Togo. Most people cross the border to look for jobs while others cross the border to do business. The remittances sent home helped to support the households and so was the daily income made due to the cross-border trading. The women who happen to be the gender caring more for members who were sick or dead after long term illness used to be close relatives of the afflicted. It was found out how HIV/AIDS dislocates the livelihoods activities and other survival strategies adopted. For example migration and mobility across the border helped to bring food to table among the young traders. Upon inception of HIV, different levels of resilience and coping measures were adopted by individuals and households but with the illness and finally death of the bread winner, lends support to the assertion that HIV/AIDS devastates livelihood and finally brings a lot of debts and financial crises due also to the expensive funerals. The following chapter discusses the customary laws and the formal institutions or some relevant policies of government in the two countries.

## **CHAPTER SIX: TRADITIONAL AND CIVIL INSTITUTIONS, INEQUALITIES AND NETWORKS IN THE CONTEXT OF HIV SHOCK**

### **6.1 Introduction**

This chapter examines the role of government policies and important traditional institutions which include customary laws and laws of inheritance in the Ghana-Togo border region. It provides a deeper understanding of both formal and informal institutions and the implications for the livelihoods of these rural dwellers in the face of the HIV/AIDS pandemic. Differential access to assets and entitlement to resources among individuals and households bring about inequalities which induce different capabilities among communities in tackling the effects of shocks and stresses that are faced in their livelihood activities. To mitigate these effects of inequalities inherent within structures, in this case, synonymous with institutions, relevant institutional changes that can provide support to all is highly needed. North (1995) defines institutions as human structures which constitute the confines of the rules or law by which people abide and within which they needed to operate. Institutions can be seen as structures and mechanisms that bring social order and harmony. There are two distinctive categories of institutions; formal and informal which are discussed in Chapter two.

Social structures which underpin social interactions among households within the settlements, the impact of these institutions on the people as well as the impacts of HIV/AIDS on livelihoods are explored in the first part of section 6.1. Civil and customary institutions will be discussed under section 6.2 and customs, norms and values will be discussed in section 6.3. Land inheritance, churches and Traditional Religious practices will be discussed under 6.4 and 6.5 respectively while the role of the chiefs as the custodians of the land and the people will constitute section 6.6. Marriage as an institution and its inherent inequalities and marital relationships, access and entitlements to resources will be included in sections 6.7 and 6.7.1. Sections 6.7.2 will explain the marital responsibilities and challenges of gender inequalities. Sections 6.8 and 6.9 provide different examples of family structures in the context of institutions, inequalities and inheritance and polygamy as an institution. The last section 6.11 and 6.12 include formal institutions in mediating access to livelihoods and their impact on the sampled region, infected and affected households and access to livelihood activities and the functions of community based groups of care, and finally a summary and conclusion of the chapter.

## **6.2 The link between Civil and Customary institutions**

According to Marsh (2003) having a strong customary authority is important to cater for both a judicial system that protects the fundamental human rights of the people and takes into consideration the effectiveness of customary law. Informal institutions within rural areas can be substitutes for formal institutions and be able to maintain security. In other words, there are responsibilities/obligations for both national governments and traditional systems to act for their citizens. The customary laws which emanate from the traditions and local history of the area play different but complementary roles to the state law/civil law exercised within the study area. During the community meetings and discussions, it was found that the customary laws have been very strong and influential over the lives of the citizens in promoting peace and harmony in the study area.

The co-existence of the civil and customary institutions in Ghana and Togo portray a situation that can be aptly described as legal “pluralism” (Held, 2002; Griffiths, 1986). The local institutions (customary) have been durable and important and co-existed with the laws of state and a judiciary system that protects the fundamental human rights of citizens. Customary land tenure is formally identified as an essential institution (Gough et al, 2000). About 78% of the total land areas in Ghana are customary lands which form both stool and family lands (Mends & De Meijere (2006). This is the law understood by both literate and illiterate people in the study. For rural people to acknowledge the existence of formal institutions, certain basic services must be provided to the people they rule or “administer”. With mutual understanding between customary and the national policies, it can be suggested that there is a purposeful symbiotic relationship between local custom and law enacted at national level (Marsh, 2003).

In comparing the existing institutions across the four study sites (see Table 6.1), one identifies a few similarities and differences among the institutions found. While traditional authorities exist within all study sites, signifying the importance and the great influence of local traditional authority over the people, and hence the traditional land inheritance systems were found in all sites.



**Table 0.1: Institutions identified within the four (4) sites**

<b>Alawogbee (Togo)</b>	<b>Ave-Havi (Ghana)</b>	<b>Akpoko-pe-Wodome (Ghana)</b>	<b>Batume (Togo)</b>
Land inheritance/tenure	Land inheritance/tenure	Land inheritance/tenure	Land inheritance/tenure
<i>Fidodo</i> groups(cooperative)	<i>Fidodo</i> groups	<i>Fidodo</i> groups	<i>Fidodo</i> groups
Farm Sharecropping	Farm Sharecropping	Farm Sharecropping	Farm Sharecropping
School committee	School committee	School committee	School committee
Traditional Healers	Money lending	Money lending	Money lending
Traditional authorities	Traditional authorities	Traditional authorities	Traditional authorities
Farm work for wages	Susu collection	Susu collection	Migration net
Migration networks	Chop bar association	Kente weaving groups	Kente weaving groups
-	Teachers association	Teachers association	-
Community development committee;	Community development committee, Migration network	Community development committee, Migration network	Community development committee,
Common property resource	Football team/common party Traditional healers	Football team Traditional healers	Common property resource
Religious, traditions (traditional + western)	Party Participation (politics) Church groups	Party Participation (politics) Church groups	Traditional healers Religious traditions
-	Marketing group	Marketing group	Marketing group

Data Source: Field Survey, 2007

From Table 6.1, one can also observe the churches which are springing up everywhere within Ghana sites (along the Ho-Aflao main road) and their involvement in supporting people living with HIV/AIDS (PLHA) is an indication that the traditional religion is stronger than the western religion in Togo. A great deal of the profile of the study sites were discussed during the community meetings under methodology chapter (Chapter 3). Thus, most people suffering from long term illness/HIV/AIDS in the study consulted healers and medicine men in both countries. Table 6.1 shows Teachers Association within the Ghanaian sites and this coincides with the political participation (politics) allowed at the grass roots in Ghana since 1992 with teachers as active participants. In the Togo sites, since the days of President Eyadema from the minority Kabre ethnic group in the north, politics has been a matter of life and death among the Ewes, especially after he had declared a one party state in Togo (US Department of State, 2004). The following sections explore the various aspects of informal

and later, formal institutions or policies which impact livelihoods in the face of the HIV/AIDS pandemic to comprehend the stresses faced in the livelihood activities of these rural dwellers. In order to achieve the desired goals of development, it is important to mitigate the inequality and differential access to assets, creating better social order and harmony.

### **6.3 Institutions, Customs, Norms and Values**

The influence of institutions on rural farmers in the study area is significant. It is therefore imperative to explore what these institutions are and how they are able to exercise their control over the people. Knight (1992), defines an institution as a number of regulations that arrange or influence how interactions between people can take place. Through informal institutions, the way people behave towards each other in certain situations is guided and obligated by the values inherent in the culture and traditions of the people. Norms and rules which are embedded in most arrangements will enable individuals to replicate or repeat cultural norms and standards in their interactions with each other. It is important to note that institutions may be formal or informal; in which case formal institutions stipulate rules including constitutions, laws and property rights, while informal institutions are arrangements that have a consensus or rules of behaviour including taboos, sanctions, traditions, codes of conduct and the social norms they embody (Gronning, 2008).

Loosli, (2004:5) defines custom as “a habitual pattern of group behaviour that is transmitted from one generation to another and which is not biologically determined”. It also means this behaviour is socially constructed and handed on to new generations. Customs form an important part of people’s culture and from birth shape their experiences and behaviour. Health-related behaviour has also been observed to be inherent in these customs and traditions (Galbraith, 2000; Beach et al., 2005). By the time children can think independently, the health-related customs of the family group have become an intimate part of their personalities. ‘Strong keepers’ of the tradition, (the medicine men, the juju men, the traditional men and women, the chief’s elders and stool father<sup>84</sup>) stand to gain some kind of power, influence, even money or material resources, by perpetuating these customs. Thus, the study found that customs are a very important part of the culture of these rural farmers. Within both Ghana and Togo, it was observed that some aspects of Customary Law affected

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<sup>84</sup> The stool father is the one who acts on behalf of the chief when the chief is away or sick. In fact, he is one of the appointing authorities when the chief dies or a new person needs to be installed as a chief.

rural people's access and entitlements to assets/resources, and reinforced their capabilities in counteracting the shocks and stresses that face them while carrying out their livelihoods activities. The patrilineal system favours men's inheritance of land/resources. A woman in her late 60s at Alawogbee summarised the feelings of most women when she complained how in the face of the institutions, women became weak and vulnerable as they did not inherit anything in their marriages:

*“Males had more entitlement to the household resources. The males were often the heads of the family. Women did not inherit anything from their marriage. Females were therefore the weaker sex and were more vulnerable in the household. The institutions really helped the males more as they were allowed to inherit while the women did not”* (FHH, Age 68, Alawogbee, Togo).

#### **6.4 Land inheritance/tenure**

In most traditional African societies land and housing are controlled by customary law. Though it varies to some extent from one culture to the other, women are generally forbidden by customary law from inheriting land or other property. As a consequence, land ownership according to tradition is passed through male successors (Richardson, 2004). The traditional system of inheritance governed the transfer of property from parents to their children within the family, especially property that belonged to the men. Thus, in the study area, patrilineality or agnatic kinship, where only males have the ability of spreading the patrilineal blood for continuing the lineage is practised (Josiah-Aryeh, 2005). The nature of inheritance affected access to assets and entitlement to the resources (assets) that were inherited. It therefore made some capable to make a living, while those the system disadvantaged especially the women became more vulnerable to the shocks and stresses that were faced upon suffering long term illness/HIV/AIDS. A new intestate succession law (PNDC Law 111, 1985) which was enacted in Ghana helped to address some of the major differences between the matrilineal and patrilineal system of inheritance before the inception of the Law 111 as the children and widow under the former system had nothing to inherit on the death of the spouse.

It was said that the nuclear family (widow and children) became dispossessed of the deceased's property and ejected from their married homes usually by the nephews (male children of the sister to the deceased). A clearer picture of the difference between patrilineal

and matrilineal inheritance has been provided by Kutsoati and Morck (2012). They argue that “Ghanaian custom views children as members of either their mother’s or father’s lineage (extended family), but not both. While patrilineal custom charges a man’s lineage with caring for his widow and children, the matrilineal custom places this burden on the widows’ lineage – her father, brothers, and uncles” (Kutsoati and Morck, 2012:1). In spite of the obligations put on relations by tradition, relatives try to take their “shares” forcefully from the spouses of relatives upon death.

Across the board, most people in the Ghanaian study areas maintain that the PNDC Law 111 benefited the system of matrilineal inheritance more than the patrilineal system as it introduced social justice lacking in all the age old customary traditions. However, there were problems with the law: if the nuclear family did not take the case to court upon the death of the man, or if the widow and her children were not aware of the law, the property of the deceased still went to the extended family. Examples abound of extended families denying a widow the property she acquired together with her spouse. See Section 5.15 (Case example 5.15.2, a de facto FHH in Togo). This situation emphasised the point that ignorance of the law was no excuse and makes it obligatory for the nuclear family to be aware and be able to stand up to their responsibilities by invoking the Law 111 on the death of the man.

Writing on Gender Issues in Social Protection Strategy for Togo (1999), Bendokat & Tovo (1999) argued the following on behalf of women:

*Due to subordinate position authorised by the norms, beliefs coupled with customary and the state law, the women become vulnerable. The women could not be compared to the men as they hardly have easy access to education and health let alone to land/credits nor were they involved in decision making and other public life. Article 391 of the Family Code also mandates women to inherit their spouses only when husbands had renounced officially customary law and since this was never done or achieved, the women were exposed to a lot of peril.*

This was confirmed by one of the Togolese chiefs, who said categorically:

*“Our traditions are very strict and our laws are rigid. We know the women would be looked after by their husbands and their male children as well. They are not from the*

*families where they marry into. So if the farm lands were given to women, they would get lost in the process” (Torgbui Amegadze ii, Alawogbee, Togo).*

It appeared that Ghana side of the border had more liberal attitudes towards women sharing the estate of the late spouses than in Togo. It was, however, admitted that traditions rarely give way to new approaches or new ways of doing things. The PNDC Law 111 in Ghana, has helped to bring about social justice within the regions in Ghana, especially where matrilineal system of inheritance was practised as it brought great relief also to the people who adopted the patrilineal system, as observed in the study areas.

## **6.5 Churches and Traditional Religious worship**

Church congregations can be mobilised to undertake community development projects and programmes. It is usually inclusive of all people, but the women and the poor are often seen as the most vulnerable. Some local government and Non-Governmental Organisations (NGOs) have been using this approach on health, nutrition and education campaigns for long term illness/HIV/AIDS prevention, vaccinations, literacy. Indeed, most of the respondents especially in Ghana, acknowledged hearing of HIV from the churches while their counterparts from Togo mostly maintained they heard of the slim disease or long term illness from the government and the media. A woman in her late 50s said:

*“I got my knowledge about HIV/AIDS through A. Churches B Government campaigns and the Radio/TV programmes” (FHH, Age 58, Akpokope –Wodome, Ghana).*

The impact of churches cannot be denied, including help given in form of information to the vulnerable. A man from Togo in his 40s also said:

*“I have my knowledge on HIV/AIDS from the A. Government campaigns B. Churches and C. Radio/TV. I think most people who were afflicted would be travellers and Non-residents” (MHH, Age 40, Alawogbee, Togo).*

The information received on long term illness/HIV in churches meant that the new churches were not as “conservative” as churches used to be labelled, but were freely discussing issues of grave and mutual relevance to the communities. The churches were seen to support and

supplement the efforts of government. This openness in the churches<sup>85</sup> could be seen as similar to the tenets of “modern age” where the youth can assess all kinds of information on the internet.

### **6.5.1 Care from Church Groups**

The churches within the Ghanaian sites were praised by opinion leaders for doing wonderful work. The “egalitarian” principles of equality before God practised in the churches, seem to be in tandem with the crucial part of the 1992 Constitution of Ghana, which emphasises “Equality before the law”. Furthermore, the same constitution in Chapter One, Article One, categorically states 1. (1) “The Sovereignty of Ghana resides in the people of Ghana in whose name and for whose welfare the powers of government are to be exercised in the manner and within the limits laid down in the Constitution”. The church and the constitution show the importance of the people when the latter emphasises that the sovereignty of Ghana lies with her people.

The mix of Pentecostal and orthodox churches within the Ghanaian sites played very important roles in the provision of not only the spiritual uplift of the worried, desolate and the sick members of the church, but also in providing food to the families. The church also provided material support to the sick, the bed-ridden and even the dead. In actual fact, belonging to the churches became like being in a “welfare” organisation. Even though the churches did not provide everything, the little they bore out of the families’/households’ total expenditures during either burials or the total care of the sick in monetary terms was very substantial in view of how hard it was to obtain money within the sites.

In belonging to the Pentecostal churches springing up everywhere also meant church members could enjoy some benefits similar to micro-financing which was oriented toward women and the poor. In fact, all members eventually gave church contributions during a funeral to be given to the household in mourning. The churches were aware that the root causes of HIV/AIDS were immoral affairs which stood counter to the moral principles of the Bible. Even though churches were always strict and laden with moralistic interpretations of the Bible, the leaders of the church maintained “thou shall not judge their neighbour, as God

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<sup>85</sup> Some churches to make their importance felt are asking members to be praying instead of taking medication. The Catholic church used to be quoted as not allowing its members to use condom as HIV preventive method

Himself said vengeance was mine” so as to win more new converts into their church<sup>86</sup>. The churches’ care of the sick, especially PLHA and those who died off from immoral sexual lifestyles assumes what can be aptly termed “fine tuning” and more accommodating nature of the emerging Pentecostal churches. This “open door” religious approach won many new “souls” to the church. It was no wonder churches were expanding as if getting recruited into the church protected them from getting infected with HIV infection or the church members would be cured if they were infected with HIV through risky sexual behaviours.

Most of the voluntary but collective action taken by churches seemed to be similar to the local co-operative spirit (*fidodo*), to build and maintain development plans and programmes. These included refurbishment of schools and community involvement appreciated as safety nets for the poor and the sick, and was much talked about. A chief from Ave -Havi confirmed the importance of the churches when he said:

*“The new churches were doing well. They cared for the sick in practical terms. They assisted everyone, most especially those individuals/households that were in dire need of basic necessities for survival. They organised Amedzi’s burial last month. The churches must avoid some of the misunderstandings emerging between families” (Torgbui Dege iv<sup>87</sup>, Community meeting, Ave-Havi, Ghana).*

The chief described exactly what the churches were doing for awareness of how the long term illness/HIV/AIDS was ravaging the society, not forgetting their support to the families of the afflicted. Despite the growing influence of churches in these rural communities, it was also said there were some internal village divisions which might have hampered progress towards achieving common goals. It was said the “all night” vigils some married women were attending in the churches were misinterpreted and causing disaffection among married couples and families alike.

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<sup>86</sup> The more the persons belonged to a church, the more the contributions of money they made.

<sup>87</sup> The age of the traditional chiefs are not known publicly. No one therefore asks the chief directly or his close associates about his age. Chiefs are supposed to be protected by all his citizens. The title “Torgbui” implied grandfather, who was supposed to be older than anyone else in the community, whose age must be kept as secret as possible. The chiefs were seen as intermediaries between the spirit world and the human beings within the communities and were often regarded as both spirits and human beings at the same time, who had powers beyond human capabilities.

The Togo side of the border had however, a persistent impact from missionary activities during the colonial times. Indeed, the Swiss Basel Mission was said to be active in both German Togoland and within the British Gold Coast. In citing Alterna (2003), Cogneau and Moradi (2012) argued that the Bremen Mission of the Germans solely directed their evangelical efforts among the Ewe ethnic group located on both sides of the Togo-Ghana border. The traditional herbalists and medicine men are more active within Togo than in Ghana, most people sought local health care alongside western medicine when infected with the HIV. Section 5.16, 5.19 described when Kwadzoga, the main bread winner was sent to traditional healers to seek local health care alongside western medical care, and Section 5.16, 5.17 when Sarah took her son suffering from HIV/AIDS to a herbal treatment facility.

## **6. 6      The role of the Chiefs or Chieftaincy**

At the head of the local traditional institutions acting as binding structures on the local citizens were the chiefs in both Ghana and Togo. Through their adjudication, development of livelihood activities within the study area was either aided or constrained. In the British Ghana (Gold Coast) “indirect rule” was practised using the existing traditional rulers/chiefs which worked well while the “assimilation” or direct rule of the French created *de facto* chiefs even where there was no traditional chiefs as owners and controllers (Hall, 2011; Crowder, 1968). The domination of the chieftaincy is based on belief in the legitimacy of an authority that has always existed within the culture. Furthermore, the chiefs exercise authority over their citizens by virtue of their inherited status (both as spiritual head and symbolic representation of the departed souls and the living) and their commands are legitimate due to their conformity with values and custom. The chiefs of the study area, apart from being the custodians of the lands of the traditional authority, also wielded real economic power as well as spiritual, cultural and quasi-political powers over the people. See (Assimeng, 1996; Kludze, 2000; Abotchie et al., 2006; Abotchie, 2006). In addition to being the custodians of the land, the chiefs also hold the land as trustees on behalf of the subsistence farmers.

Citing Sarpong (1999), Blocher (2006:178) maintains “Customary land law is the basis for most landholding in Ghana”. Blocher argues “in principle, customary law overlaps with and is subordinate to the statutory law, but in practice it often replaces statutes. It is also difficult to systematically describe” (Blocher, 2006 op cit). Almost three quarters of all Ghana’s undeveloped land is held by customary law by different stakeholders such as the individuals,



families, stools<sup>88</sup> and tendamba<sup>89</sup> with a widespread influence of customary land law (Blocher, 2006). Land is mainly owned in Ghana through customary authorities such as stools, skins, clans and families. Indeed, about 78% of all lands are owned by these institutions, the State owns 20% while 2% is owned by the state in combination with the customary authorities in a form of partnership (Odame Larbi, 2008).

A contemporary chief has become a syncretic<sup>90</sup> leader as the chief wields both traditional powers and assumes modern legal, economic resources and political power at the same time (Adriaan van Rouveroy van Nieuwaal (2005). Indeed, in Ghana, the chieftaincy institution, together with its traditional councils as established by customary law and usage, is guaranteed under Article 270, section 1 & 2 of the national Constitution. Under (2), Parliament shall have no power, whatsoever to enact or change any law which, in fact (a) confers on any person or authority the right to accord or withdraw recognition to or from a chief for any purpose. The position of the chiefs is guaranteed under the constitution provided they act within traditional law and without any serious violation of the spirit and the letter of the constitution.

A chief at Akpokope-Wodome argued that:

*“Being a chief was not easy. The responsibility was a lot. One must become a spiritual and a cultural leader. One had to know the history and boundaries of the lands which belonged to the great grandfathers. One had to do almost everything. With the problems of the citizens, you had no time to do your own job. You sometimes sat the whole day. But what government gave us as allowance was too small”* (Torgbui Amuzu ii, Akpokope-Wodome, Ghana).

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<sup>88</sup> In both Ghana and Togo ‘stool’ refers to the customary throne or the tribal leader. The traditional seat on which the customary or tribal leaders sit is referred to as the stool. It is highly believed to be the embodiment of the departed souls/spirits and the living occupant. The stools also serve as the link between the dead and the living and it is the chief who as the religious and spiritual leader who understands the language of the living and the departed. A ‘stool’ within the southern part of Ghanaian cultures, refers to a political unit such as family, clan, confederation. Thus, in Ghana, the land is actually put under the care of the stool.

<sup>89</sup> In the northern regions of Ghana, land was traditionally claimed by the tendamba, people or descendants of the original settlers in an area, rather than by chiefs. Nevertheless, the position of the tendamba (also written as tindana) has been largely usurped by the chieftaincy in the past century, due in part to colonial interference and government acquisition of land. Refer to R. Kasim Kasanga: The role of Chiefs and Tendamba in Land Administration in Northern Ghana (1996).

<sup>90</sup> A leader that plays more roles but in this particular situation, plays a dual role of establishing harmony between apparently opposing positions, in this case, blending the modern laws and traditional laws/institutions.

It was understood from the Akpokope-Wodome chief that within the Ghanaian sites, customary law regulated access to land and moveable property. It also meant that the chiefs had more power within Ghanaian sites than in Togo. The chiefs, especially their elders, must know the boundaries so as to intervene fairly in case there was land litigation. He complained that even though they receive insufficient emoluments from government. Mends and De Meijere (2006) argue that since colonisation many past governments have made interventions to regulate and control the customary land tenure system in Ghana, but without success. The central government (1992 constitution of Ghana) can limit the chiefs' power or right over land only when mineral resources such as gold or oil are found, in which case they are paid royalties. Considering the spread of long term illness/HIV/AIDS coupled with a lack of support for women's property rights which invariably has induced a certain degree of vulnerability, uncertainty and instability among women, the government's approach to redressing these gender inequalities in order to curb further HIV transmissions is a right step in the right direction.

According to one of my respondents, land in Togo is also inherited by patrilineal descent or acquired through the process of agnatic kinship, in which the sons inherit in order of age with the eldest being the first to have his share upon the death of their father. A woman from Batume attested to this inheritance by patrilineality in Togo, when she said the following:

*“In our society the man is the custodian of the family property, lands and the houses. We practise patrilineal system of inheritance. It is the male who has more entitlement to the household resources. Women inherited nothing”* (FHH, Age 58, Batumi, Togo).

An important feature associated with the lands in Togo but not in Ghana was that the land was controlled through lineages (the sub-division of the clan<sup>91</sup>). The head of the lineage had power over allocation of land and was in charge of all conflicts and arbitration related to management of land issues. There were three types of land found in the customary system: lineage lands, individual households and village lands. In contributing to Togo Country Profile in Country Profiles of Land Tenure, Africa, Furth (1996), cited in Bruce (1998), asserted that within the customary land tenure arrangement, people had only “use rights” to the lands they occupied but not “ownership rights”. This arrangement is in sharp contrast to

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<sup>91</sup> The clan is the largest group of the Ewes in Togo whose members belong to one ancestry. It is the smaller divisions that are called lineages.

Ghana, where the majority of lands owned by the customary system allow both use rights and ownership rights. Farmers in Togo acquire land through the traditional lineage-based system, through inheritance, gift, loans, rental, share tenancy and outright purchase.

While Ghana has long allowed chiefs to capture primary rights over all lands, formalised in the constitutional law of 1992 (Wily, 2012), in Togo, efforts by government to confiscate all lands “unused”, “fallow” or “abandoned” as national lands or state property through Ordinance No. 12 of the 1974 law did not get implemented. The agrarian reform introduced in Togo by the law dated 6th February 1974 did not attempt a wholesale nationalisation of land but stood counter to tradition. Article 2 states that: “the State guarantees the ownership rights of individuals and communities who hold land title issued in accordance with the law. The State also guarantees the ownership rights of any person or community who can claim to exercise customary rights over the land they use”. Thus customary access patterns were recognised in the same way as acquisition according to modern law. Land not cultivated or tilled, would be taken over by the national government, an unimaginable process in Ghana.

In addition, the chiefs have customary courts, which are popular and powerful, and offer a potential alternative to the state courts which are situated farther away from the settlements, where villagers often have no family members. The customary justice systems reflect the reality of the experiences of the people within the rural setting in most of African countries, and a rational choice over the national laws which are often slow and “faceless” bureaucracies (Ubink and van Rooij (2011); Sage and Woolcock (2006). Across Africa, attempts to craft property rights have largely been state-driven, top-down programmes which attempt to replace customary forms of land ownership with Western-style property practices such as formal land title registration (Deininger, 2003). Programmes attempting to implement these reforms have largely failed in Ghana, especially when central government tries to take lands away from the traditional authorities for development without their consent. In most cases, the difficulties of securing lands from traditional authorities delayed development which can mitigate poverty among the rural people. Like most sub-Saharan African nations, Ghana depends on land as the basis of its economy while simultaneously struggling to solve land-related problems and reconcile a legal system that is divided between custom and statute (Agbosu, 2000).

Land is, no doubt, Ghana’s single most valuable asset and the foundation of the national

resource base (Ghana National Land Policy 1, 1999). Agriculture accounts for more than sixty percent of the country's jobs (Agbosu, 2000), and over 90% of the rural people of the study area make a living from the land. The Law Reform Commission of Ghana identified four specific categories such as the allodial title, the freehold title, leaseholds and other lesser interests in land in Ghana (Sarpong, 1999), which were subsequently officially recognised in the Land Title Registration Law of 1986. Land ownership in Ghana is based on absolute "allodial" or permanent title from which all other lesser title to, interest in or right over land derive. Citing Woodman (1996), Blocher (2006: 179) posits that "the allodial title is the highest interest in land known in customary law, above which there can be no other interest." See chapter 5, for ranking of livelihoods in the sampled region. In both Togo and Ghana, the increasing population and decreasing sizes of family land holdings have put much pressure on land, increasing its value, and galvanising numerous land litigation cases.

#### **6.7 Marriage as an institution and its inherent inequalities**

In his study of Tradition and Change in Ghana, Nukunya maintains that marriage constitutes any relationship in which the partners follow recognised procedures for the purposes of sexual intercourse that has to be blessed with children. It is an institution that makes it possible to maintain family life (Nukunya, 2003). In spite of its universality, marriage seemed to defy a generally accepted definition owing to numerous societies that differ in their culture, economic and social development thereby showing different emphasis on what marriages should entail. Marriage as an institution is not protected from the spread of HIV infection within the study. In fact, marriages today have certain characteristics that aid the spread of HIV infection within the study sites. Divorce, widowhood, remarriages, early marriages, polygamous relations where old women and young girls marry to a common man, have all been fertile grounds for the spread of long term illness/HIV infection. For instance, widowhood rites<sup>92</sup> make women to have an affair with someone they should never marry after the demise of their spouses and later on settle to re-marry either a sibling of the dead spouse or anyone else. In addition, remarriages and divorces continued to take place in a society where many people were becoming infected with HIV but without any conscious

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<sup>92</sup> The widowhood rites make it obligatory for the widows to flirt only with the first persons they have sexual contact with after the death of their spouses as tradition forbids the widows to marry such people as there were high probabilities that the evil spirits and the departed former husband will be annoyed with the first person their wives would have sexual contact with. To avoid such curses likely to come on such first contacts, the widows were not allowed to marry them.

efforts by the supposed partners to know the health status of each before they got involved in such unions. Marital arrangements did not require any evidence of health certificates from the couples before they married or re-married, instead it is based on good will and just on how good the personal appearance persons have. See (Ntozi., 1997; Sossou, 2002; Oppong, 2006; Rosenblatt and Nkosi, 2007; Thomas, 2008; Hosegood, 2009).

Within the study area, upon coming of age in the olden times, a young man interested in a lady would tell his mother. The lady would also do the same. Upon hearing this information, the man's family had an important duty to perform, referred to as a background search (Assimeng, 1999). This is because the suitor (the man) and the lady must not belong to same clan, as tradition and people would disqualify them from marrying each other due to the principle of clan exogamy<sup>93</sup>. It is important to observe that in the past, marriage was a 'mutual' partnership not only between the couples but also between their families.

**Table 0.2: Ages at which the rural people marry at the various sites**

Names	Sexual Debut		Females (Marital Age)	Males (Marital Age)
	Female	Males		
<b>Ave-Havi (G)</b>	12	14	16 <sup>94</sup>	22
<b>Akpokope-Wod(G)</b>	13	14.5	17	23
<b>Alawogbee (T)</b>	14.5	15.5	18.5 <sup>95</sup>	23
<b>Batume (T)</b>	15	16	18	22

Data Source: Field Survey, 2007

<sup>93</sup> The principle of clan exogamy does not permit persons of the same clan to inter-marry. For example among the twelve clans of the Anlo (a sub section of the Ewe ethnic group) inter-marriages from similar clans it traditionally regarded as taboo. Furthermore, inter-marriage from the same clan is regarded as licentious and seen as incest.

<sup>94</sup> The Children's Act of 1998 in Ghana has helped to limit early marriage and has made 18 the minimum age for marriage. The customary practices in Ghana, nevertheless offer child betrothals and child marriages, a 2004 UN report found approximately 16% of girls marrying between 15 and 19 years of age were divorced or were widowed.

<sup>95</sup> In Togo the legal age for marriage (is based on art. 43 of the 1992 constitution) making the minimum age for men and women to marry is 20 and 17 years respectively

Table 6.2 shows much lower age for the females and also a lower age for the marital ages for the females. The lowest sexual debut recorded for the men coincided with the youngest age of marriage, carried out at Ave-Havi meaning the females were marrying early. From Table 6.2, it can be observed that the sexual debut age for both genders did not coincide with the marital age, implying that neither females nor the males married immediately after becoming sexually active. The phenomenon of persons having sexual partners before marriage has implications for contracting long term illness/HIV infection and unwanted pregnancies due to low use of condom and high rate of unprotected sex (Holmes and Levine (2004). Child betrothals and child marriages are common practices which most poor and illiterate parents subject their girl-children to, which in the face of the HIV epidemic has certain negative implications. Only 19% of the people of Volta region use contraceptives while 36% and 57% of women/men respectively use condom at last higher risk (GDHS, 2003).

It is said that earlier sexual debut has been associated with higher risk in women (Boileau et al., (2009) even though men carry out riskier manners of having multiple sex partners (Boileau et al. 2009 op cit) HIV infection among women remains a higher HIV risk than men. Through early experiences of sex, young girls can be exposed to a number of sexual partners, exposed to sexual abuse of sugar daddies and persons tempted to be used for sexual trade; all of which will be in tandem with factors that are associated with the spread of HIV infection (World Bank 1997). There are further dimensions to the importance of sexual debut. Some studies have found an association between early sexual debut and HIV infection (Boileau et al. 2009; Bongaarts, 2007) while earlier sexual debut has also been connected to other risk behaviours and extramarital unions later in life (White, Cleland & Carael 2000). Furthermore, a recent study using Demographic and Health Surveys in Nigeria shows that migration is associated with earlier sexual debut (Mberu & White, 2011).

A few poor parents or parents from poor backgrounds induce their children to marry the rich men. This situation increases the number of people engaged in polygamous marital relations existing within the area. The young ladies know their suitors had other women as wives before they accept marrying to their new suitors due to the material gains they would have. In addition, the differences between the age of the men and the young and sexually active ladies in the context of long term illness/HIV/AIDS, rendered some participants in this web of marital relations very vulnerable and could aid the spread of HIV/AIDS (Clark, 2004; Clark, et al., 2006). The couples have no equal say, due to “gerontocracy” of their spouses, the

females cannot choose their sexual life and the subordination of the latter also encourages the polygamous relations to thrive. A female household head from Akpokope-Wodome described the nature of the marriage and the materials provided during the traditional marital process as follows:

*“Depending upon the socio-economic circumstances of the bridegroom, the monies given in addition to the materials provided differed from a few hundreds to a few thousands of cedis.”<sup>96</sup> Love and ability to pay monies to the bride underscore a great deal, how much the bridegroom had to offer. There are no stipulated amounts of money requested by the parents and the families of the bride. Sometimes, monies paid during the marriage must befit the status of the girls’ family background. At times, the materials given included kente cloth that was used to carry babies on the back. It was symbolic gesture which meant that soon, the bride would become pregnant and have her own children in the course of the union” (Comfort, 52 years, FHH, Akpokope-Wodome).*

During the marital ceremonies, no immovable property (land or house) was given to the bride, irrespective of the wealth of the groom. Even though the institution of marriage is respected and seen as a consummation of maturity, authority and traditional influence from one’s parents, put the girls or women in a weaker position to decide what they want.

#### **6.7.1 Marital relationship, Access and entitlement to resources**

Marital unions are undertaken in two main ways in the study area. These are by the customary law (traditional) and secondly, marriage is undertaken either in the church or in the courts. The data shows that the customary marriage forms more than 98% of the total marriages (274 households) in the study area. This type of marriage is very popular as it is in consonance with the traditions and customs that the people know. An important aspect of this marital arrangement is the fact that the man has the right to marry any other woman or women in addition when he pleases, with or without the consent of the first wife.

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<sup>96</sup> At the time of the research (Nov. 2006/ July, 2007) the high inflation in Ghana affected money doled out during marriages. At the time of the study, 20,000 cedis (local currency) was equivalent to one US dollar. At the time of this write up, one cedi is roughly equivalent to one dollar. There was a demonetisation of the local currency after July 2007, which corrected the macro economic malaise.

Newly married couples often had very good relationships from the beginning as they usually get the support from the two families they come from. Yet access and entitlement to resources used for carrying out livelihood strategies were mostly the preserve of the husband. This lop-sided access and entitlements to resources has implications for how rural people can absorb the shocks and stresses induced by the HIV pandemic. Marriage within the sites was safeguarded by specific rules and codes of behaviour patterns as well as reciprocal duties and responsibilities from the couples. Women complained about the men having almost all of the household assets, making them too powerful. A woman who was a little over 50 years old at Ave-Havi spoke about her difficulties:

*“Males in my view had more entitlement to the household resources. They were favoured by the culture here to inherit the land. We don’t have anything. Due to the paternal system of inheritance we do not inherit anything from our marriage. The patriarchal society gave more power to men” (FHH, 53 AVE-HAVI, GHANA).*

The complaints of the women among different generations showed their dissatisfaction with the traditional arrangements. Government and local authorities cannot just ignore this phenomenon, as something must be done to help the women out of this quagmire.

With dwindling farm sizes and the appeal to send all children to attend school, pressure is being brought to bear on people not to have large family sizes. Thus, with the rising cost of living and arbitrary high school fees both in Togo and in Ghana, makes maintenance of large families not as productive unit as in the olden days but rather have shifted towards becoming an expensive ‘consumption’ unit of the family total income. Indeed, Assimeng (1999:92) contends that:

*“More wives and more children to a man, may still have a prestige value for the polygynist; but mere social value without economic value is just too much to maintain now. Far from being an economic asset, every additional wife to the existing number, becomes a burdensome economic, social and psychological liability”.*

The second method of marriage in the study area is marriage in the church or in the courts.



Christian missions introduced Christian marriage, while the colonial authorities defined marriage under the Marriage Ordinance of 1884 (Nukunya, 2003). Christian marriage involves consecration of the union by a minister of religion in Church or priest. In a rural setting, this type of marriage is not a common social phenomenon. In marriage under the Ordinance, the union is registered at the Registrar General's Department or the office of a City Council. The advantage associated with this marriage is the security it offers the wife and children especially in the field of inheritance as well as continued monogamy because they are non-polygynous. This marriage type emphasises nuclear family relations at the expense of extended family ties.

Until Provisional National Defence Council (PNDC) Law 111 was enacted, not many women inherited spouses' property "Clearly the most revolutionary intervention in the traditional marriage arrangements in Ghana (Assimeng, 1999:85) has been the Law of Intestate Succession (PNDC Law 111), 1985." According to Nukunya (2003) the PNDC Law 111 applies to persons dying intestate, that is, without having written a will to personal property. There are many who believe this is a victory for the nuclear family as the law supports the widows (spouses) and both the female and males left behind by the late husband.

There was a method by which the women in Togo also inherited part of the property of their fathers both during his life time and after he had died. A queen mother of 50 years I met at the palace of the Alawogbee chief remarked:

*"The economic situation had become very terrible in Togo. The men alone could no longer inherit the property of their fathers while the women looked on. In most cases it was the women (the divorced) who came back home, stayed and helped their fathers to acquire the landed property. The fathers gave their personal property such as lands for building purposes to their daughters to develop while they were alive and often times gave part of their own apartments built to their daughters with explicit information given the family. This had been the idea of fairness to the gender within the household domain they expected as a result of the socio-economic changes taking place now in Togo"* (Mamaga, 50 years , Queenmother, Dzolo).

It was observed in both countries that the male children did not inherit the mothers' assets or resources such as houses, pieces of land, jewellery in form of gold nuggets/trinkets, pieces of cloth if these mothers had daughters of their own. The male children had access to these

resources only when there were no girl-children borne by the mother. In terms of access and entitlement to resources within the household domain the males still had a lion's share supported by the customary laws and guaranteed by the patrilineal system. Thus, traditional inheritance systems can be partially accountable for the difficulties which sub-Saharan countries face in their bid to make official titles to land and other capital assets (De Soto, 2000). He further argues that with persistent efforts at not allowing assets to get back to traditional lineages can finally support property rights and thus advance allocation effectively (De Soto, 2000 op cit).

### **6.7.2 Marital responsibilities and challenges to gender inequalities**

Marriage as an institution poses heavy responsibilities on the couples within the study area. The gender inequalities constrain the females from taking certain 'rational' decisions that affect their sexual lives. This constitutes a potential source of risk and vulnerability and thereby adopting sexual risky behaviours that can promote spread of HIV/AIDS. The importance associated with having more children in the study area often contradicted the good intentions in the usage of condoms which prevent either HIV infection or unwanted pregnancies. It is observed that apart from the foregone reasons, condoms are not free gift, so these rural farmers were not willing to spend their scarce resources on condoms.

Large family sizes in both Togo and Ghana were a common phenomenon. Tanye (2008: 170) on a study of Access and Barriers to Education for Ghanaian Women and Girls stated "Ghanaians, like most Africans, value large families. Marriage puts Ghanaian women in 'bondage', thereby suppressing their efforts toward higher education." The responsibilities on the couples were often skewed in favour of the men. Despite the deprivation of women's autonomy by men, one respondent was of the view that women, more than men, carry most of the burden in the household, especially the economic sustenance of the family. These gender roles usually bring disquiet in the household:

*"Our men dislike women having autonomy. The men feel threatened when women are self-supporting, and are generally suspicious of women who wield power or women who are autonomous. In my view, the women, especially the young ones are carrying out more of the trading activities, and these roles bring disagreements as someone is doing more than the other in the household"* (F, de Facto, Age 60, Akpokope-

Wodome, Ghana).

There were other male respondents with the view that the traditional setting of society inadvertently put men in that position of dominance. A respondent observed that men traditionally are the heads of the household and have the responsibility of overseeing to the upkeep of the members of the household. He maintains that as a result, the men, not the women, are entitled to the inheritance rights:

*"The women have no rights to inherit the lands which belong to the men. The husbands (males) take more decisions, and they have to oversee to everyone within the household. Earlier the men were selected to go to school so they were regarded as being more knowledgeable than the women. As the society is patriarchal women must wait upon the men for decisions and direction. Men generally don't feel fine with women having power or women who are autonomous. Experience shows such women were disrespectful of men" (M, Age 56, AVE-HAVI, Ghana).*

What was poignant in the views of the above respondent was his assertion that experience had shown that women were disrespectful towards men when they exercised autonomy and influence in the household. This view, although striking, was not peculiar to this respondent and was the fundamental reason most men attributed to their opposition to women's autonomy, although they might not openly voice it.

Gender Analysis within Togo was similar to Ghana's, and coincided with FAO definition of how gender relations were the social construction of the rights, responsibilities and the characteristic features of men and women in relation to one another, including decision making and access to and management of resources (FAO, 2012). The majority of the views of respondents in Togo on gender and resource allocation within the household in the aftermath of a death from HIV/AIDS were not different from the respondents in Ghana. Mhehe (2001) cited in Tanye (2008) maintained some husbands demanded that their wives carried on all household responsibilities, met their every need and performed all household duties. This situation often made the women responsible not only to the men, but for the domestic chores including care for their children and cooking for the entire household.

However, the notion of gender issues in Togo must be taken with some caution. A respondent

confirmed that there was a strong sense of patriarchy among the Togolese sites. The belief in the male as the ‘boss’ of the household in all spheres of human endeavour, in religious, festival, funeral and farming, was very pronounced. This situation affected mutual understanding and the smooth running of most households. A woman from Alawogbee highlighted the ‘master-servant’ disturbing relationships which existed between most couples:

*“I would say that it was always the man who had full access to the income and other gifts that we had. Well, it was the way our culture was. There was a saying in our culture that if a married woman bought a gun, it was the husband who kept it. As for us the women, we were always at the mercy of our men. Females were more vulnerable in the household. In our culture a woman was supposed to be submissive even if the man took decisions that were not favourable” (F Age 57 Alawogbee, Togo).*

Indeed, Bendokat and Tovo (1999) argue that gender discrimination is common in all facets of life where women are treated as inferior by customary law. The Family Code (Code Togolais des Personnes, de la Famille et des Biens, 1980) denies women equal rights with men (e.g., the wife owes as duty, obedience to the husband (Article 213) while the husband must give utmost protection to the wife. Article 109 of the Family Code permits men to object to a woman’s plan to have a separate profession. In order to overcome this, the members of the Committee on the Elimination of Discrimination against Women (UN General Assembly, 2006) noted that traditional practices and sexual stereotypes would prove to be its greatest challenge and as a result, encouraged Togo’s new Government (2013) to persevere in its determination to promote gender equality after many years of neglect.

According to (IMF, 2010), the Government of Togo plans to minimise structural imbalances within the regions by adopting a policy of land use decentralisation, and devolution of the administration. The picture was not very different in Ghana as far as asset, resource creation and consumption as well as distribution among newly married couples were concerned, as it was the husband’s decision that over ruled and which must be respected, except for hope associated with the on-going Parliamentary amendment process (2013) in Ghana of the PNDC Law 111 of 1985.

A respondent contended that the majority of the married women in Togo were supposed to respect their husbands, especially the *de jure* headed households living at Alawogbee and Batume (all in Togo sites) even if they (females) were older than the men. A man in his 50s, said:

*“It was the tradition of the area that man was the head of the family. It was only men who inherited from their fathers’ land and houses. Women were supposed to respect the men. Sometimes women were allowed to contribute their thoughts. Both genders were involved in the border crossing economic activities. However, the women were said to be more common in the border crossing activities than men who mainly worked on their farms”* (M, Age 58, Alawogbee, Togo).

At Batume (Togo) a man of youthful exuberance in his mid-30s, said:

*“I would say that I was always the provider of the resources. The man was always the one running up and down looking for food and working hard to take care of the wife and the children. This made the man grow weaker and weaker every day, exposing the man to ill-health. Let me tell you, any man who left decision making at home to the wife was irresponsible. It was your duty as the man to take decisions and to ask for your wife’s input, not the other way round. Women complemented what the men did* (M, Age 35, Batume, Togo).

Early marriage of daughters (see Table 6.2), especially those not in schools, minimised the burden of support by less affluent households. Stress and shock would be minimal if early marriages took place among only cohorts or persons equally young and active, but rather it involved an exchange of gifts between genders of age gaps, crossing borders and unknown stakeholders who carried the risk of spreading HIV/AIDS. Another difficult traditional institution which puts the two genders on different pedestals was Trokosi<sup>97</sup>. Trokosi was an

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<sup>97</sup> One oral tradition states that the origin of Trokosi could be traced to the practice of paying deities for services rendered. The clients in the past who consulted deities were made to pay for the services in kind and cash. Initially, cattle, sheep, goats and poultry were used. Later those who were particularly satisfied with the work of the gods started to offer their children, usually girls, to serve the gods in appreciation for the work done. The institution of Trokosi refers to the process whereby girl-children are paid as reprisals to deities for offences committed in earlier or current generations, as a way of atoning for such crimes committed and as a measure of asking for an end to punishment received or intended for the “culprit” family. The girl children put in the cult of these deities were never to be married to non-deity members, nor were such girls to be in amorous relationships

aspect of African religious practice that violated human rights of females with impunity but was practised in the study area even though it had been said to be almost sorted out. In his article entitled “Trokosi in Ghana: Cultural relativism or Slavery,” Owusu-Ansah (2003) explains that majority of women and girls are voiceless, disempowered in many areas and circumstances, including education, and do not have significant roles in the area of policy formulation and decision-making. He emphasised that old cultural practices in many communities rendered women vulnerable.

According to Gadzekpo (as cited in Owusu-Ansah, 2003), the system, based on traditional religious beliefs, discriminates against women and children. Other people perceive Trokosi as a system that is very ‘clever’, original, inventive and as a multipurpose mechanism put in place by their forbears to check heinous crimes, provide cures, maintain the traditional culture, regulate the society, and serve as the last place to find the truth. It is a cultural practice adhered to by two patrilineal groups in Ghana: the Ewes and Anlo of the Volta region and the Dangbes of the greater Accra region. Every family under this type of slavery or bondage was required to offer a virgin daughter as a symbolic wife to a shrine in order to atone for the sins and deity crimes of usually deceased male relatives (Owusu-Ansah, 2003; Ocansey & Hayhoe, 2004). Other views on the trokosi institution will be further examined.

The girls sent to these shrines lived their entire lives as wives of the deities and often had no say in what affected them, and were usually given out while young to the older fetish priests who often married them. Being “slave-wives”, these girls became helpless and lived in fear and at the mercy of the medium of the gods – the fetish priests who sexually abused them. The young “slaves” and old “wives” who alternated their sexual obligations with the old deities, carried a high risk of being infected and possibly induce spreading of HIV infection should anyone become disloyal. It was alleged that in the olden days, the fear and apprehension of having debilitating sanctions unleashed in form of thunder strikes and instant deaths from the gods by committing errors made these *agbashiviwo*<sup>98</sup> loyal, but times have changed.

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(girl-boy friendship) with ordinary people without severe consequences to such boys and their families. Anyone outside the members who belonged to such deities who had any amorous relationship with any of the Trokosi girls, must also pay with a girl-child.

<sup>98</sup> Local name given to all the people who were given out as “offer” and as a consequent, became worshippers of the gods.

There were certain inherent inequalities embedded in the traditions and customs that brought about differences in power relations and roles between the genders within the study area. It is argued that culture and traditions that are not amenable to the changing times, especially within the study area in the face of long term illness/HIV/AIDS, could spell disaster on the population. Because these women (slaves to the gods) were not allowed to attend school, they were perpetuated “in a vicious circle” of need and want. This maintains the traditional male dominance over women and ensures women did not challenge or have a say in issues that affect their well-being. It was only the men who were the powerful priests and juju “lords” in charge of these gods with lesser female “priestess”. With these challenges left on the footprints of culture and tradition, gender equalities are lop-sided in favour of the males. There is therefore a need to thinking of a fair way of addressing equal responsibilities within the household.

## **6.8 Polygamy as an Institution**

There is a prestige value associated with the polygynists who marry many wives, as it is perceived they have enough food to feed many mouths. Milazzo (2012) has argued that due to anticipated fertility levels, Nigerian men are motivated to have additional wives if their first wives do not bear children. See also Wagner and Rieger (2011). Approximately 22% of women in Ghana are in polygamous type of relationships (SIGI, 2008) while in Togo about 54% of the women are in polygamous marriages (2006 country progress report, Togo). The Constitution in Togo allows polygamy under (Art. 42) of the 1992 constitution, even if monogamy was chosen when the marriage was contracted, if it becomes medically confirmed that a wife is sterile, and (Art 51) is invoked. A man in his mid 30s who had a wife already and hailed from Togo, was planning having another wife when he said emphatically:

“I would like to have a big household full of my children. I liked to have many children who would be the source of my happiness in old age. If the children were not clever or hardworking from one woman, I would raise them from another woman. When I found some money, I would marry a new woman” (MHH Age 35, Alawogbee, Togo).

This man did not state any reasons why he would like to marry again, apart from wanting a

big family and children who would be his source of happiness. He did not state how he would raise them in the current era of high cost of living. His desire for a large household meant he would enjoy children's support in old age as insurance (Silverstein, et al., (2002). Another man also from Togo spoke about his desire to have large family and his plans to marry to a new wife in the coming year with the intention of having more children to help him on the farm when he said:

*“Farming work was a hard work for the women. She liked trading. The border crossing activities provided us money. I used the money to support my livelihoods I undertake positively. But the money was not adequate. I would marry a new woman next year. My first wife helped me a lot but there was more to be done. Since I had a large family land to cultivate”* (M Age 52, Akpokope-Wodome, Ghana).

It appeared there was a strong attachment to certain traditional institutions without citizens critically evaluating the current circumstances in light of cost benefit analysis. Having a large number of persons to till large parcels of land is no longer valid, as legislation would not allow the children to be on the farm while others went to school. Giving good education to a few children who would be gainfully employed, as observed in the case example of Michael, Section 5.15, sub-section 5.15.4 in which case the children of the said household were very helpful in sending remittances home. Polygamy is a well-respected, trusted and tested institutional arrangement of a man marrying more than one woman at a time, whereas promiscuity can be defined as a temporary fulfilment of bodily desires which is a risky sexual behaviour in the face of long term illness/HIV, but this cannot be same or compared with polygamy.

Some disadvantages to polygyny can be associated with children falling out of school to the chagrin of concerned mothers. Polygamous men within the study often sought young and beautiful women even though they were aged themselves. This generation gap when infected with HIV would be said to be spreading the HIV/AIDS from one generation to the other which might increase early deaths among parents and as a result induce childhood orphans. The institution of polygamy works well with a certain threshold of available resources such as land, human labour, some financial security and degree of local ego or social status on the part of the husband within the community.



## 6.9 Gender induced divorce cases

Some respondents argued there were divorces involving both old and young people, often caused by a power struggle between the genders over who made decisions within the household. As divorces happened, so also did remarriage. Often after hectic disputes and arbitrations after marriages were dissolved at the local chiefs' courts/palaces, decisions were made that the female should hand over the children to the man upon the female walking out of the marriage. Women with multiple partners used to be a taboo and was highly stigmatised, but are now gradually becoming 'hidden' economic assets in some households because of the financial help they offer and the gains made through sex work which is usually camouflaged in the trade across the border. This situation has led to some families and households in economic difficulties allowing their daughters to join the trade. It is common now for some women to divorce or leave their husbands after having a child or two, and be able to support themselves through multiple sexual partners or a sugar daddy<sup>99</sup> who usually lives not within the settlements. A traditional arbitration court which the researcher attended on one occasion at Alawogbee revealed a lot of the problems associated with marriages, divorce and trading across the borders as discussed earlier in this section.

In Ghana, despite gender sensitive provisions in the Constitution, it cannot be denied that there are still social structures that enable men to dominate women. Article 17 of the 1992 Constitution clearly highlights gender relations and spells in no uncertain terms equality and freedom from discrimination.

### **Fidodo/Local co-operative and its Impact within the region**

The rural people sampled for the study within the Ghana-Togo border depended upon their kith and kin across the border in very many ways. Table 6.1 mentions the existence of *Fidodo* groups which are based on the principles of co-operative schemes or ventures where members were helped by reciprocating similar pieces of work. It was a scheme based on trust and reciprocity within the study sites but without any binding contracts. If there were 20 members in the *fidodo* group intending to do weeding, the organisers saw to it that weeding was done for every member. Most of the aged female household heads (FHH) could not have mended their own fences or thatched houses let alone harvested their crops had it not been for

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<sup>99</sup> It was said most of the young ladies took elderly people outside the settlements who these young girls had amorous relationships with and who cared financially for them either before the girls married or after divorce.

the fidodo group some of their children belonged to. See case example Figure 4.8: A dejure female household where the son was visiting home to help the mother in chores including mending maize bans and thatched roofs.

#### **6.10 Formal policies/institutions in mediating access to Livelihoods**

The formal institutions emanated from the central government and must be obeyed by everyone located within the country. The Ghanaian Constitution of 1992 and coincidentally, Togo's constitution of 1992 are formal legal documents which supersede all other authority within the countries (customary & formal) intended to bring an egalitarian social system that could guarantee equality before the law for all citizens. The constitution of Ghana and Togo is therefore the supreme law of the country, but its effectiveness in addressing inequalities and redistribution of local resources in general and thereby enabling equal access to their citizens will be discussed in the following section looking at education, health, agriculture/economy and other vital sectors of the economy. Thus, it is important to look further afield to the origin of the policies, in this case the central government's intentions and see how they impact on the local area.

The need to solicit collaborative work between local/informal and formal institutions to achieve sustainable livelihoods to abate rural poverty and manage of natural resources has been examined and documented (Narayan et al 2000; Selener et al. 1997 & Korten 1990). The importance of both formal and informal institutions in this study stems from their linkages to livelihood strategies and their role in providing access to assets and sources of income needed in the livelihood activities of the rural farmers. Furthermore, the institutions have been observed as being instrumental in impacting vulnerabilities, with consequences for the economic well-being of the rural people during external shocks such as droughts and long term illness/HIV/AIDS. The next session will be based on educational policies since independence in both Ghana and Togo, and their impact on poverty and development within the settlements selected.

### **6.11 Education Policy for the country**

Before Ghana gained her self-rule in 1957, the educational system had been modelled on the British system and was the envy of much of the rest of sub-Saharan Africa. Enrolment rates for basic education increased phenomenally, especially between 1991 and 1998 (Little, (2010). Between 1998 and 2006 it levelled off, but due to the introduction of the ‘capitation grant’, purposely designed to rid parents of the burden of paying tuition fees for public schools, the number increased again. Thus from the early 1950s, many educational policies to increase access to different strata of education were implemented, most notable of which were the Kwame Nkrumah’s Free Fee and compulsory education programme (1961) linked with the 7-year Accelerated Development Plan of Ghana (1963-70) and the Rawlings Junior Secondary school programme introduced in 1987 (Akyeampong et al, 2007).

Efforts for free primary education in Ghana went far back to 1951 (Gold Coast period), and attainment of practical, vocationally-biased education went as far back as 1847 during the British colonial epoch. The most radical reforms of basic education within the greater part of the second half of the twentieth century are agreed as being those set out in the report of the Commission chaired by Professor Dzobo in 1973/4 (Little, 2010). Thus, their complete execution through the 1987 major reforms and by 1992 its “enshrinement” in the 1992 Constitution of Ghana by the Rawlings regime signalled the right of citizens to free and compulsory education which was seen as another forthright implementation of the ambition between 1995 to achieve the intended “free, Compulsory and Universal Education by 2005 Programme”. The importance of education in the development of a country cannot be denied as it helps in the manpower/skills development of citizens and self-reliance in production of local expertise (Girdwood, 1999; World Bank, 2004; NDCs Better Ghana Agenda, 2008). This is why and compulsory fee-free education was introduced in 1960 and 1987 by implementation of the Junior Secondary School system.

Despite government efforts, the basic education at both formal and non-formal education is still insufficient. The establishment of schools within the sites were divided into primary and junior secondary schools (JSS), and senior or pre-university institutions on the other. From Table 6.3 further down, the establishment of schools for the purpose of achieving the intended goals of education within the sites were divided into two main categories, which are primary and junior secondary schools (JSS) on the one hand and senior or pre-university

institutions on the other. Thus, the expectation remains that local authorities would complement the efforts of the national or central government by providing infrastructure for the primary and JSS schools without school fees. However, in reality, some parent teacher association fees and other local handling fees that were levied and had to be paid by pupils bring certain costs to be borne by parents especially the poor ones, a situation that stands against the tenets of the espoused free fee education. Thus, whilst the central government builds and provides the senior secondary with infrastructure and bears payment of teachers' salaries, local efforts at providing the basic support services attract certain costs. Different places have different resources and the study area in question, not being endowed with very many resources apart from human capital and land, have difficulties to overcome.

The main objective of Ghana's educational policy is to eradicate illiteracy and increase numeracy (Asenso-Okyere et al., 1993; Sutherland-Addy, 2002; World Bank, 2004; MoESS, 2008; New Patriotic Party, 2008; National Democratic Congress, 2008; Rolleston, 2009). Furthermore, the educational policy has been to improve on enrolment rates by recruiting all children of school age if possible, and be able to close the existing gap of school attendance between boys and girls (addressing the gender perspective), and offer the same educational opportunities. According to Asenso-Okyere (1993) due to the Economic Recovery Programme (ERP), the government of Ghana drew up major reform programmes in education aimed at 1) increasing rate of enrolment which would be faster than the growth of population growth rate, and 2) strengthen the symbiotic relationship between the content of education and the socio-economic needs of Ghana. The third and fourth aims were pragmatic efforts at raising the quality of education and also re-ensuring financial sustainability. According to the Human Development Report, 2013, the Adult Literacy Rate in Ghana was 67% between 2002-2012, % of pupils who had primary education were 107, while 58% had secondary education and 8.8% had tertiary education with a population of primary school drop-out rate being 27.8%.

Furthermore, the pre-university education hitherto lasting 17 years (since 1950s) was cut to 12 years (since the 1990s). A revised and updated school curriculum was introduced for the first 3 years after primary school called the Junior Secondary School (JSS) and another 3 years for the Senior Secondary School (SSS) (World Bank 1989). Feeding subsidies given at the secondary schools and universities were cut up to 50% as the quantity and quality of food requirements given students at these levels were drastically reduced. The distinctive features

of the reform policy were a functional and pragmatic expansion in educational opportunities for girls and functional literacy programmes for all illiterate adults to enable them read, write and be able to understand government policies and programmes. In observing the educational policies over time, the recurring policy options embed access, quality and costs, with varying emphases at different points in time. In terms of the difficulties and challenges within rural settings, the rural environment bore the brunt of the cost effective nature of the policies made as it was rather difficult to come by monies. It must therefore be stated that the high fees introduced under the new educational policy had an adverse effect on enrolment as well as attendance of children from poorer households as they did not and still cannot afford the fees.

## **6.12 Educational Policy in Togo**

The educational policy in Togo has similarities and differences to Ghana. The literacy rate among persons 15 years and older was 56.9% in 2006 (CWIQ), with sharp differences between the males, 70.3% and females at 44.4%. In 2006, only 17% of 11-year olds who should be finishing the first cycle were actually in the last year of that cycle (IMF, 2008). The Primary cycle completion rate was 78.1% in 2005. Between 1990 and 2000, the proportion of students registered in private institutions rose from 27% to 31% at the primary school level and at the secondary school level it also rose from 13% to 17% and from 30% to 46% in technical and vocational education. The distribution of subsidies for education is not pro-poor (IMF 2008). It is maintained that the poorest 20% currently receives the equivalent of CFAF 5,607 in education subsidies per capita, while the wealthiest 20% receive CFAF 10,376 or double the amount per capita. Human Development Report, 2013 states 140% of pupils in Togo had primary education and while 46% had secondary education only 5.9% had tertiary education with a higher Primary School Drop-out rate of 40.6% than 27.8% found in Ghana. A major difference between Togo and Ghana was while a higher percentage had primary education in Togo than Ghana, a larger proportion also dropped on the way in Togo much more than in Ghana indicating many more people in Togo not having formal education at the primary school in addition to fewer people who had higher education.

According to the International Monetary Fund, Country Report No. 08/144, Togo (IMF, 2008), the educational policy of the country has been divided into the 1) Pre-school education, 2) Primary and Secondary Education, 3) Technical education and professional training and 4) Higher education. The educational policy that includes pre-school education 1) does not only

enhance pre-school education but also help to promote community-based initiatives meant at nurturing it, by way of preparing children for future through standard learning activities; and (ii) to be able to realise quantitative as well as qualitative improvements within the pre-school education. The policy was meant to rehabilitate existing infrastructure by building new classrooms, giving more training to both teachers and their trainers, and refining the training given to the educators. 3) The government intends to provide equitable distribution between rural and urban centres with the aid of an easy to understand and also communication plan that can inspire relevant educational initiatives from NGOs (Plan Togo, Aide et Action), so that the private sector, and capable communities to direct their energies on behalf of children of pre-school going age and more emphasis particularly on girl-child school education.

In connection with Primary and Secondary Education, government will strive to achieve a quantitative and qualitative development in educational services, by avoiding the process whereby children were allowed to repeat very often and at the same time promoting equity. In order to achieve that, it has been decided 1) to improve the pupil reception framework, which will put more prominence on quality as well as equity at all levels, by building new and purposeful classrooms with latrines. It is also planned to refurbish old classrooms, and making available benches; 2) to expand supervising pupils by employing more teachers and to equip them with relevant skills and also offer them intermittent refresher courses; 3) provide more materials and textbooks to pupils; 4) to create enabling study environment with good supervision and adequate textbooks and materials that will improve learning and be able to reduce repeating pupils. The fifth 5) is to raise enrolment figures with the mind of setting Togo on the path to achieving universal education by 2015. It is also envisaged to provide some schools with canteens and to subsidise poorer parents, in conjunction with development partners such as UNICEF, FAO, WFP, especially in poorer localities and 6) to conduct pilot study of providing cost-free primary school education in addition to experimenting projects provision which can serve as alternative ways of enhancing educational system that can cater for the very young in a way to strike a reasonable compromise between Government support/bursaries and contribution from the parents.

With regard to educational policy involving Technical education and professional training are emphasis on improvement as well. The government is to 1) improve facilities for taking in students and will construct more classrooms and workshops and provide more tables, benches and textbooks; 2) create more supervision and equity in technical education and professional

training by employing more training for both teachers/trainers. In support of Higher education, the government plans to 1) develop management and steering of higher education; 2) by stressing on more quality and the promotion of gender equity in higher education; 3) and enhance on adequate facilities that can cater for the high number enrolled in the country's universities. The 18 percent (2005) share of the budget allocated to higher education seems already too high due to other pressures on the budget. The necessity of technical education and vocational training is meant to reduce repeater rates in primary and secondary school and also curb the excessive increase of students into higher education. There is also Literacy campaigns policy that will involve functional literacy programs to enable illiterate adults, more particularly women as well as young people who dropped out of school, to benefit from this type of education so as to be better integrated in their locales and can undertake other income-generating activities of their choices. In Togo, as seen from Table 6.3, there is no local governance structure even within the local levels in sharp contrast to what obtained in Ghana where the central government comes in to assist the local initiatives. Only Central Government provides certain services and it should be emphasised that the more the central government has more to do, the longer the rural areas will have to wait upon for delivery.

### **6.13 Assistance of Local and Central Government and NGOs.**

The collective efforts of the villages in terms of development levies and development fee contributions over the years to help make available certain vital services such as water and electricity (in all sites) and tarring of roads (Togo sites only), though helpful, was not often sufficient. Alawogbee, had only a primary school (1-6 years) after completion which pupils had to travel to Dzolo (Djolo) to attend secondary school called in French (Lycee). Batume has a primary school and a four years lycee. Students after finishing college at Batume travel to Kevi to attend further courses and finally to Lome if qualified for the university.

**Table 0.3: Support from Local and Central Government and NGOs**

	<b>Local Government</b>	<b>Central Government</b>	<b>NGOs</b>
Ghana	Schools: Primary and Junior secondary schools, furniture, blackboards, clearing along the roads, provision of electricity, water, markets, Filling of pot holes, market, lorry park local branch of the GPRTU of TUC	Senior Secondary School (Ave Dakpa), Books, Teachers, pieces of chalk, Border officials, construction of roads, Link roads, Clinics, HIV/AIDS Voluntary Counselling office, Custom Excise and Preventive Service (CEPS), Ghana Immigration Services (GIS), Plant Protection and Regulation Services (PPRS) and Port Health Authority.	NGOs work along the nearby Aflao border post at the two sides of the Ghana-Togo border, boreholes Not much influence in the study area
Togo	No local governance structure. Only Central Government provides certain services with the rest of support coming locally. Local People provide most of the following in conjunction with the Central Government's efforts: Primary school, Furniture, blackboards, water, markets, Pot holes filling.	Primary & College (4 years) is at Batume, Only primary 1-6 is at Alawogbee. Teachers, Books, pieces of chalk, Border officials (gerdames), No other variations of border personnel, construction of roads, Link roads, Clinics	NGOs work along the nearby Kodzoviakope at Togo border, Bore holes Not much influence in the study area

Data Source: Field Survey, 2007

From Table 6.3, it is shown that unlike Ghana, where local authority or district assemblies are charged with the responsibility of providing schools, furniture and electricity for example, there is no local governance regime with these responsibilities in Togo.

Unlike urban centres in Ghana and some rural clusters in Ghana, from Table 6.3, it is observed that there are no NGOs involved in HIV/AIDS education and prevention on the Togo side of these villages that could assist in giving information or condoms to people crossing the border as is done on the Ghana side. None of the Togolese sites have a voluntary counselling office. Even though the presence of NGOs working with HIV/AIDS related problems are not themselves the solution, they are evidence of main-streamlining HIV/AIDS in an effort to reduce the ravages. The HIV/AIDS Voluntary Counselling office is situated



between Ave-Havi (Ghana site) and a settlement of Ave-Dakpa for those afflicted and affected to visit and have serious conversations with the personnel. This office was not found at any of the Togo sites, and might affect the level of awareness of the villagers within the sites in Togo with implications for spread and prevention of HIV.

#### **6.14 Structural Adjustment Programme (SAP) in Ghana in the 1980s and 90s**

Awumbila (2001) mentions the Economic Recovery/Structural Adjustment Programme (SAP) which in the 1980s and 90s increased tax rates, which complicated the bizarre social positioning of women in Ghana. The SAP also negatively affected workers in the informal sector where a majority was women (Awumbila 2001: 35). Additionally, the restructuring of state enterprises and resultant job losses also affected women-dominated sectors such as the service sector. The retrenchment of many from the public sector happened at a time when there was also a decline in real wages. This has not only had an immediate impact on the formal sector, but also a 'knock-on' effect on the informal sector through an influx of numerous 're-deployees', reducing earnings from the informal sector (Awumbila 2001: 35; Clark and Manuh 1991). Access to resources affects women's position and status directly or indirectly in society (Awumbila 2001:34). The above scenario culminated in creating a lasting stratification of economic dominance of men over women. Property relations in form of inheritance as well as the dominance of the men in the production of the economic goods such as cocoa, coffee and maize reflect this.

#### **6.15 Structure and Provision of Health Care in Ghana during the 1980s**

Ghana adopted a number of health policies from independence through successive governments which included free health care, to cost sharing by patients to augment state funding for health services. In the latter part of the 1980s due to IMF and World Bank prescriptions the introduction of a national insurance plan took place after 2001. This will be explained in detail under the section which discusses Health policies and programmes during the 1980s under the Structural Adjustment Programme. There was a lot of frustration among Ghanaians for the lack of employment avenues prior to the 1980s witnessed during the SAP years. About 60% of the medical doctors who had their training in Ghana had left the country during the 1980s (Mutume, 2003). Citing Frimpong, (2002: 47), Liese and Dussault (2004:35) portend that 600 Ghanaian medical practitioners are practicing in New York while further

62% of health workers intend to emigrate, with about 2,500 nurses lost to Europe from 1999 to 2002.

The health policy of “Cash and Carry” implemented in 1992 (Nyonator and Kutzin 1999) which made fees for drugs charged to users did not also better the plight of the citizens. It was at this time that many workers were laid off from the public/civil services, swelling the volume of the unemployed and the most vulnerable in the society. Due to the conditionalities associated with the Structural Adjustment Programme (SAP) 30,000 miners became displaced in Ghana between 1990 and 1998. The World Bank’s structural adjustment programme in Ghana has been described as a ruthless denial of all the rich mineral resources, food, medical care, education and water which has devastated masses of the people, rendering them impoverished onlookers while foreigners pillage the country (Ismi, 2004). Most people in these difficult circumstances were definitely not capable of using very expensive hospitals and health facilities resulting in heavy patronage of traditional medicine. A respondent argued the occurrence of HIV/AIDS pandemic in the 1980s brought extra medical costs and care which was unbearable for most individuals and households. Heyen-Perschon, (2005) argues that access is a main bottleneck of health care because more than half of the rural population (55%) are not consulting medical personnel. The majority of these people, do not know their HIV status (Rammohan and Whelan 2007).

#### **6.16 Togo in the 1970s and 80s**

Upon making a successful coup d’état in 1967, Eyadema changed the constitution of the country. He ruled with an iron fist and in 1969, he proposed a new type of government in which one national party called Reassemblement du Peuple Togolais (RPT) was endorsed (Draman, 2003; Digre, 2004). In 1971, RPT met and suggested that elections be held so that people could decide either in favour of Eyadema’s government or choose a government supported by the constitution. When elections were held in 1972, it was alleged that 99% of the voters supported Eyadema and as a result he retained full control over the country. By stimulating and boosting the phosphate industry at the time, Eyadema set out to bring prosperity to Togo. IRIN news (29 Jan., 2008) indicated that in the 1970's, Togo's economy benefited from high phosphate prices on the world market and as a result the economy boomed greatly, with phosphate mining being the most important industry in Togo. Togo is the 4th largest producer of phosphates in the world market.

The wealth from the phosphate industry during the 1960's and 1970's, created a temporary economic boom which clouded the 'putrid' political situation. The decline of the phosphate industry began around 1980. Togo has some other industries such as cement at Tabligbo and textiles, combined which account for 20.4% of the GDP. It is stated in print that Eyadema won all elections between 1992 and 2003 and cracked down on dissent until his death in 2005. Furthermore, it is alleged that the economic difficulties suffered in the last decade and a half in Togo, which thwarted a viable investment climate were due to the political turmoil in Togo (Bertelsmann Stiftung, 2010). With the downward trend in economic growth, coupled with the health hazards in the latter part of the 1990s and early 2000, Togo seemed to be poorly incorporated in the global economy as its foreign direct investment in 1999 was just 4% of GDP, with a highly controlled capital account (Dreher, 2003). While Togo ranked 159<sup>th</sup> in the Human Development Index, Ghana ranked 152<sup>nd</sup>, out of 182 countries in the 2006/2007 Human Development Report (2009:173). Togo has a strong rural-urban dichotomy as seen in most countries of the sub-region, where there is an overconcentration of infrastructure, vital facilities and services located in the urban centers.

#### **6.17 Health care reforms in the 1980s alongside HIV/AIDS (Ghana)**

The general economic deterioration of the country affected professional workers including those of the health sector. It was during these chaotic socio-economic conditions in Ghana, when a rather fragile health system, with lack of adequate health personnel to man the health facilities that the HIV/AIDS pandemic was identified in the country. Kalipeni et al., (2005) reported the number of people went from a low of 42 AIDS cases in 1986<sup>100</sup> to 41,229 by the end of September 2000. Mackintosh and Tibandebage (2004) surmised that poverty has a significant negative influence on health sector reforms since user fees were promoted in a population which was already poor and hence had difficulty paying the fees. Mackintosh and Tibandebage (2004) mention that in the health sector, there is increasing concern, even from the World Bank, that some aspects of Health Sector Reforms (HSRs) are pushing poor households deeper into poverty.

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<sup>100</sup> 1986 was the year when the first cases of HIV were identified in Ghana.

## **6.18 NHIS in the Face of HIV/AIDS**

A critical challenge facing National Health Insurance Scheme (NHIS) is how it can cover all Ghanaians, as cost has been found to be a major barrier to poor citizens who cannot afford the enrolment premiums. With HIV, which involves extensive hospitalisation and expensive medication when the individual develops full blown AIDS, the government must as a matter of exigency find means of giving premium exemptions and discount to pro-poor rural dwellers in order to allow people in the very remotest parts of the country to be treated. Recent civil strife and civil wars within neighbouring countries (Côte d'Ivoire, Togo) has also brought people from countries where HIV sero-prevalence rates were higher than in Ghana. From all indications, one can say that health care in Ghana is imbued with challenges of infrastructure and economics as well as a lack of qualified personnel and equipment to use at the health facilities. Health care in Ghana is a partnership between the government of Ghana, Non-Governmental Organisations, Christian Churches and other benevolent donors. There are implications for a nation whose health care is not solely his own responsibility. Foreign donors always assist Ghana and Togo. More sustainable and scientific-led innovations and solutions must be found, rather than the “government-as-usual” approach which comprises the controversial policies that give merely ad-hoc solutions instead of long term and lasting ones.

## **6.19 The current health situation in Togo**

The situation in Togo has not improved since the demise of President Eyadema. It takes lot of time and energy to get things corrected. A respondent asserted that the autocratic and undemocratic rule of Eyadema for nearly 40 years made international communities and donors restrict their aid and support to Togo. Thus the health administration in Togo saw a massive reduction in funding which was claimed to be a major threat to public health (African Development Bank 2009).

Delivery of health care in terms of assistance in birth delivery shows a disparity between the rural and the urban milieu. In urban settings, 79% of births are supervised by a medical doctor, whereas only 33% are assisted by medical practitioners in rural areas. In rural areas, only 36% of births are supervised by midwives with the remaining third unsupervised (Heyen-Perschon, 2005). In some rural areas and villages, only traditional birth attendants and experienced women help with the delivery processes. In the absence of well-trained birth

attendants, both men and elderly women assist in the deliveries. Some of the high infant and maternal mortalities are due to a lack of qualified health personnel to assist women through the labouring and delivery process (Falle et al., 2009; Ray and Salihu, 2004; Sibley and Ann Sipe, 2004; Kennedy, 1999).

## **6.20 Democracy in Ghana and Togo and Conclusion**

In Ghana, there has been a thriving democracy, instituted by Fl Lt. Jerry John Rawlings with his lieutenants since 1992. The Ghanaian leader (President Rawlings) had earlier on ruled as a military “dictator” for 11 years, a change which was welcomed by Ghanaians. Thus, since then, there have been peaceful elections. In Togo, there had been a dictator for nearly 40 years and whose son took over on the death of his father. There had been a few elections in Togo during the administration of Gnassingbe Eyadema and later, during the son Faure’s rule. But there has been vote-rigging and conflict among stakeholders and politicians in Togo that have prevented Togo pulling together. As a result there have been fatal political conflicts which degenerate into chaos, while some flee Togo for their lives (Bertelsmann Stiftung, 2010). These conflicts compound the refugee problem in West Africa. In Ghana, the elections are regular and violence free. In Togo currently, payment of salary by the government is irregular, paying workers once in three months. The workers, as well as the general public, have low purchasing power. This has certain implications which will be explained shortly.

Firstly, the political instability in Togo predisposes the citizenry to HIV/AIDS, by encouraging people to assume high risk sexual behaviours. Some of the citizens ran away to Benin, Ghana and Cote D’Ivoire during the election riots. It is no surprise that the HIV sero-prevalence rate in the national capital Lome is very high. The bad elections in Togo also lead to the breakdown of the political institutions and health institutions. The high cost of living coupled with the deteriorating health facilities meant that the Togolese have to travel to Ghana for treatment. Long months without payment of salaries encourage people to leave Togo for Cote D’Ivoire to look for greener pastures. In Ghana there is fee free primary and junior secondary school whereas in Togo, parents have to pay for their children and their dependents. The exacerbation of HIV/AIDS can also be caused by people travelling to Cote D’Ivoire where HIV infection has been higher than most of West Africa (World Bank Global HIV/AIDS Report, 2008; UNAIDS, 2013).

Thus far, the Togolese seem to bear a heavier HIV infection rate than Ghana. Most of the food that used to be eaten in the wilds or taken from the savannah and the forests and eaten in both Ghana and Togo are either being depleted, or tastes for foreign goods are on the increase. It is alleged that the foreign food Africans are importing from the developed world are inducing high blood pressure and diseases such as cancer. With time the health bills will soar up not only for the HIV infection but with the emerging cancerous diseases means African countries, especially Ghana and Togo will be spending more on health care in the future.

While some historians are of the view that colonialism did not bring any benefits to the Africans, especially Ghana and Togo and the West Coast of Africa, where slave castles and forts proliferate the coastal line, there are others who contend that the impacts of the colonial legacy are far reaching as well as beneficial to the colonised people. Colonial legacy brought cultures together in order to achieve a dialogue of civilisations and a common humanity; issues that cannot be forgotten easily. Credit must be given to the colonial legacy, for the systems of administration, accounting, school systems, rigorous and scientific research which imbued health care and which were acquired by the colonised countries. The languages of the metropolitan countries have aided communication and trade links among the colonising powers and the colonised and with democratic traditions learned and “tailored” along the peculiar history and culture of Africans, there is a great hope for the future.

#### **6.21 HIV/AIDS Stigma within the study area**

It is observed within the study area that there is a lot of stigma associated with the long term illness/HIV/AIDS. People hardly talk about HIV/AIDS, let alone get tested. It is often claimed that having knowledge of one’s status as HIV-positive is tantamount to sending oneself to the ‘firing squad’. The severity of stigma associated with HIV/AIDS observed within the study area and the impact on the individuals living with HIV/AIDS (PWHAs) and their families was very high. As a result, the victims were often hidden from the public eye and at times not all people within the extended family knew when family members were affected. A man from Alawogbee in his 50s said:

*“My sister was doing very well when she was working in Abidjan. She had 3 children with a man from Togo. After her divorce, she married a man from Ivory Coast for a few years. After that marriage also collapsed, she lived on her own. After she became*

*very ill, she came home and was attending Lome main hospital at Tokoine. She made me not tell her aunt and some people she disagreed with in our family that she was suffering from dikanaku or dikadika, local name for HIV/AIDS” (A male household head (MHH), 58 years old, Alawogbee).*

The HIV/AIDS pandemic arouses a lot of fear and anxiety among the rural people of the study who are aware the disease has no cure and is deadly. Furthermore, as people of the study area believe that people who get sick have engaged in immoral sexual behaviour, virtual absence of treatments of HIV/AIDS coupled with the assumption that the illness is highly contagious, people fear and tend to avoid the afflicted. The following section shows case examples of the five households that were discussed in Chapters 4 and 5.

## **6.22 Impact of HIV/AIDS on households**

This section discusses the impacts of the HIV/AIDS on each of the different case examples of households. The impacts were not felt equally as these households had varying degrees of vulnerability and resilience. The different capital assets owned by the case examples enabled them to have different trade-offs in their efforts of absorbing the stresses and shock imposed on them by HIV/AIDS. The discussion starts with Sarah’s de facto FHH.

### **6.22.1 Sarah’s Female De Facto household head (FHH) in Ghana:**

This household was headed by a female who acted in proxy of the husband as the head of the household. The traditions of inheritance through the patrilineal system, made the FHH only utilise the family resources through or on behalf of the husband. The impact of the long-term illness was devastating. The woman therefore had to sell most of her precious jewellery, pieces of cloth and pans used to contain traditional kente cloths. The man sold an old corn mill which belonged to his son who lived in Germany. However, it became clear that the male adult’s illness was very serious, and that he was terminally ill. Secondly, there was a feeling that the girl’s illness was going to be short lived. This family could not cope with the gravity of two people being ill at the same time if it had not been for the help offered by the extended family. The church’s support for this family was very crucial.

The situation was similar in a comparable household type in Togo.

### **6.22.2 Mansah's Female De facto Household head (FHH) in Togo**

Mansah's household was a smaller than Sarah's. She had earlier worked with her husband to get money to educate her children. When the husband became ill for a long time, Mansah's livelihood dwindled badly as she had no time and energy on top of caring for her husband. She was so emotionally drained that she could not undertake any of the livelihoods for long, as she had to use up all her savings. Life became rather difficult for her.

### **6.22.3 Kwadzoga De Jure Male Household head (MHH) in Togo**

Kwadzoga was a very prosperous man in Togo began to experience a lot of financial and social crises. He had a boy and a girl who were suffering from long term illness/HIV. Despite the fact that he had inherited a great deal of family property, his fortunes began to drop due to the high medical and travel bills. He got infected with long term illness/HIV probably as a result of risky and amorous relations he had with concubines. He had to sell his palm plantation when no financial support came from elsewhere. As a breadwinner who became ill and did not carry out livelihood activities as he used to, they became the responsibility of the wife and their children. The critical part of the issue came when he became terminally ill and died within a short period. The two children who had been infected also became the spouse's sole responsibility. The rising medical bills became very costly so the family had to sell some of their property to defray the cost. More money was needed to travel to and from the medicine men and hospitals. The wife sold some of her personal property to be able to cover some of the bills. In the midst of the expensive funeral and debts, the two children also died. The household's livelihood activities also stopped. The fortunate part of their situation was when the family in Ghana intervened and assisted in undertaking some of the livelihood activities to support the family.

The institutions and networks prevalent within and outside the household cases show differences in the way they coped up with stresses and shocks introduced by the long term illness/HIV/AIDS. The churches were helpful in the support given to the infected and during



funerals.

#### **6.22.4 Michael De Jure Male Household head (MHH) in Ghana**

The large source of human capital Michael had was very helpful as household members helped in carrying out the livelihood activities. His three children continued to live and work overseas. The land he inherited from his father, coupled with other parcels of land he acquired through a traditional mortgage<sup>101</sup> system from a few people who were indebted to him enabled him to often till large farm lands. His illness became a big challenge to be overcome. Michael's final demise was a big blow to the family and the household. The sister-in-law, his sister and brother left Michael's household upon Michael's death. This household got dissolved upon the death of the main 'bread winner'.

There had been differences in the way the households coped up with the stresses and shocks introduced by the HIV/AIDS pandemic. Apart from the physical asset bases of households as discussed in chapters 4 and 5, institutions were very powerful in constraining or aiding the vulnerabilities of households in dealing with long term illness/HIV/AIDS. A discussion of the last household type, which was very peculiar due to its size and composition and its support from especially the non-resident household members throws more light on the essence of networks in the context of long term illness/HIV/AIDS. His network did sustain contacts for some time.

#### **6.22.5 Mama De Jure Female Household head (FHH) in Ghana**

Mama was a de jure female household head with the least number of household members. She cared for her mother who needed 24 hours care daily. The problems were compounded when her late brother's daughter and a relative's daughter staying with Mama were found out to be suffering from HIV/AIDS. As seen with other household types such as Michael's, she had to take these two additional sick people around the traditional healers and finally to the Regional Hospital, where they were declared to be suffering from HIV/AIDS. The shock and stress introduced by HIV

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<sup>101</sup> Traditional mortgaging of property, is a system of giving out property or resources especially land, in exchange of money with the intention of the debtor coming back to pay the money and collecting his property. Sometimes, the debtor had to pay some interest agreed upon at the time of acquiring the money. This type of arrangement made some people lose their lands to the people they had borrowed money from.

thwarted her from carrying out her livelihood activities. According to her, her life-savings and the savings she made from monies she received as remittances from her children, especially the ones in Nigeria and the UK were used up. The social networks and support from remittances Mama enjoyed coupled with the sacrifice of one of her sons travelling between Accra and Akpokope-Wodome on regular basis to support the mother was very helpful. Mama's livelihood activities did not collapse all together as was imagined. The degree of stigma lingered on, however. Life required meticulous planning and emotional drain. The support from her children and other extended family members did lend great support for her survival. A single parent household as found in the case example of Mama's household survived the dire situation brought by the long term illness/HIV/AIDS lending credence to the literature stating that generalisation of female headed households as always being poor and very vulnerable in the face of long term illness/HIV is not always true as the female households were not homogeneous.

#### **6.22.6 Summary and conclusion**

This chapter investigates the symbiotic relationship between traditional institutions/customary law and the formal institutions or government policy and their influence over access to and entitlements of people to resources. It was observed how traditional institutions have a great hold over the people in their daily activities. Customary law for example overrides civil law in marital relations, a practice which emphasises and re-echoes the inherent discriminatory practices against women's equal rights in the face of inheritance. In Togo for instance, a woman can inherit her husband's goods only if he had officially renounced customary law. As there are very few men, who would renounce their inheritance or roots in Togo, it cannot be denied that the law falls short of what will give the women equal opportunities even in inheriting what they acquired together with their spouses when they were alive. On the other hand, the PNDC Law 111 of 1985 in Ghana, which is in the process of being repealed to include more opportunities for equality, is seen as a huge breakthrough, giving voice and power to women to inherit their spouses in estate. The law itself in the context of poor and illiterate women does not speak in the law courts unless the women invoke it. It is important to note that women's inheritance, either with the male counterparts in their families or households or inheriting their husbands' property has not been an easy affair. This coupled with a very low percentage of illiterate farmers writing wills

before their demise (8%) is another difficulty in the implementation of the law. More formal education for the girl-child as proposed in the educational policies of the two countries needed to be implemented with the needed zeal and compassion to empower the women for the future.

As a consequence, fairly rich households who have been successful in their livelihood strategies, especially those who have food security<sup>102</sup>, seem to be popular and very attractive to young and unmarried women a situation that fuels and nurtures polygamy within the villages. Divorces and re-marriages seemed to be on the ascendancy (the researcher heard some of the cases at the chief's palace at both Alawogbee, Togo and Ave-Havi, Ghana), coupled with widowhood rites which claim to 'cleanse' women ready for new marriages are routes which are very potent in spreading HIV/AIDS. Finally, the social networks that induce social capital in concrete terms by assisting households in the face of HIV/AIDS have been seen as very helpful agents that assist the individuals and households in protecting the livelihoods as well as caring for the individuals or households afflicted and affected by HIV/AIDS. The following chapter serves as the summation of all the very momentous findings of the study and relevant discussions and implications for future research.

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<sup>102</sup> Food security here implies having sufficient food, as displayed by food barns. Households that have sufficient food and large tracks of land for farming are no secret to the sites selected for the study. Mostly these households have names and often are attractive to be married into by the women. In such homes where there is food security, it is easier for the women to have their own business monies to be trading across the border.

## **CHAPTER SEVEN: CONCLUSIONS**

### **7.1 Introduction**

The fundamental aim of this research is to investigate the impacts of the long term illness or HIV/AIDS pandemic on rural livelihoods in the Ghana-Togo border region. Furthermore population mobility in the transmission of Sexually Transmitted Diseases (STDs) and HIV/AIDS in cross-border areas is now widely recognised (UNAIDS Western Africa Initiative), there has not been much known about the indirect effects of HIV/AIDS deaths and illness on livelihoods in this area that may be trans-national and multi-local in nature. The conclusion drawn is the summation of all the findings of the four research objectives set out by the study. This chapter is therefore divided into three main sections. Section 7.1 states the introduction while section 7.2 discusses the main research findings. Section 7.3 explores the academic and methodological implications for future research and section 7.4 discusses the conclusion

The study has four main research questions formulated from the research objectives set out (Chapter two), which were addressed as follows: Research question one was addressed under chapter 4, research question two was addressed under chapter 5 while research questions three and four were discussed under chapter 6. The four main research questions of this study that were specifically formulated based on the objectives of the study were as follows:

1. To what extent is the nature of cross-border networks such as families, tribal groups, trading networks, waged labour and mobility significant to rural livelihoods?
2. How do the cross-border impacts of severe illness such as HIV/AIDS affect these networks and livelihoods?
3. How does the role of informal institutions, such as customary laws and laws of inheritance help in mediating access to livelihoods particularly among HIV/AIDS affected households on either side of the border?
4. How do the contemporary policies impact the livelihoods in HIV/AIDS affected households of same ethnic group on either side of the border?

## 7.2 Findings from the Research

In pursuance of the aforementioned research questions (Section 7.1), the following findings were made during the study which will contribute to the literature.

1. The Migration and Mobility Stream between Ghana and Togo border, especially the area domiciled by the Ewes within the south-eastern sector is unprecedented and serves as very important means of livelihood. A distinction has been drawn between migration and mobility (Chapters 1 and 2) as the two processes are virtually different and have different aims and approaches. The majority of the people along the Ghana-Togo border are very mobile and cross the border on daily, weekly or seasonal basis, others cross intermittently or when these residents felt a dire need for crossing and come back home. It is a very small minority, who crosses the border and migrate to long distances in pursuit of greener pastures. It can be emphasised that all the persons crossing the Ghana-Togo border were not migrating but were having circuitous mobility from home and back. In addition, the causal factors for overwhelming mobility across the border were not driven by purely economic considerations.

The existing social network developed became crucial factors that attracted people of same ethnic extraction together from two sides of the same border (two countries). Relevant information on mobility and migration processes exchanged by border residents through the help of social capital cut down risks and costs of transaction. The often cited reasons for people migrating, especially people crossing the borders, do not occur here at the Ghana-Togo border (Agesa, 2001; Mead, 2007; Rodrigues, 2012). The majority of people, who traverse the border, do so in order to find alternative sources of livelihoods and even return to their residences on daily, few days after or on weekly basis and are therefore not prepared to migrate or leave their residences. The larger number of people without skills and young persons who would not migrate, are those who cross the border under the mobility process to visit relatives, to look for work and to buy and sell.

2. The second finding is food security. The majority of the subsistence farmers in the study area have always had food deficits. This short fall especially in the production of staple crops, such as maize and cassava creates a problem of food insecurity.

Factors that promote Household Food insecurity were unreliable rainfall regimes experienced in the geographically fragile zone; the obsolete farming implements used to till the land & its difficulties, lack of available/adequate lands for many, the inception of long term illness/HIV/AIDS, lack of modern processing/preserving methods during times of good harvest. As observed in the case examples in the study (upon death or long term illness of the household members who were in the prime adult ages, the livelihood activities dwindle and break down completely. This situation is a reflection of what happens nationally in Ghana and Togo respectively, when 70% of rice consumed in Ghana was imported in 2011 and which costs over \$500m annually (CSIR, 2011) while 47% of households in Togo face problems of food security and continues to be a net importer of rice, meat and fish (UN Systems HLTF, 2009).

How they try to attain food security is:

They try to spread the risks as widely as possible by cultivating a variety of crops or by “diversification of cropping” which tolerate different soil and weather conditions. Introduction of Intercropping on land- thereby realising better yields than mono-cropping has been a mechanism to avert the risk associated with over-dependence on only a food crop. Crop rotation makes different crops harvested at the same time, for example cassava and maize could be sown on a same land inter-changeably.

3. The third finding was the elderly women are bearing the burden of care. Female Headed Households (FHH) found (one-third of the sampled population) within the sampled population were of mature ages. With weakening energies due to advanced ages in the female headed households, their abilities to perform economic activities were definitely hampered, unless a lot more external support in terms of remittances were sent to such households. These women have to bear the brunt of the care for the sick and the orphans left due to AIDS. However, these women heads do not have homogeneous situation or similar circumstances to be categorised as vulnerable. Depending on their social capital, support in form of remittances received from immediate family and children, they experience different circumstances. So this research has found out that it is not good to homogenise female household headships. The research explores and concludes that female headship cannot be automatically used as an indicator for AIDS vulnerability as households headed by women are not unitary category, but differ by their capital assets/resources or factors that aid or enable them in their response. (See remittances as

shown in chapter 5 (Table 5.5). For instance, when one person was suffering from long term illness in Ghana, the % remittances sent to a FHH = 88.6% while males received just 61%. Thus FHH found within the study area were either very poor or vulnerable and at the same time some were found doing very well. What it means is that the remittances and the social networks have been helping the people of the study area especially the aged parents/female household heads who without such support would have been very poor and vulnerable.

4. The fourth finding was Customary Law.

The customary law overrides civil law in marital relations. This practice emphasises and re-echoes the inherent discriminatory practices against women's equal rights in the face of inheritance. The customary laws have a strong hold over access to assets, thereby making access to assets being influenced by gender as the study area is a patriarchal social system. Thus while males have access to land, the females do not have, a situation that renders the females more vulnerable in the face of HIV.

5. Gender is the fifth finding that was made. Most decisions regarding health, running of the home and the household finances, trading across the border and education of children were mostly determined by the male counterparts without due regard for the support and help enjoyed by the households from the female counterparts. There is a gender sensitive issue that reflects varying degrees of HIV susceptibility between men and women and other marginal groups.

Gender and age of household heads within the study area are consistent with the norms and the traditions of patriarchal system practised over the years. Equality and equity in terms of education and access to family resources has been highlighted but has not yet been achieved to the expected levels. Most of the women looking for menial jobs across the border were not often lucky and have to adopt behavioural practices which are susceptible and in the main vulnerable to the HIV infection. There were outright sell of sex to men in order to make up for money and purchase of basic necessities that they badly need (Mead, 2007). Those women whose trading activities went bankruptcy and in cases where husbands did not help immediately often fell preys to sexual liaisons as they got tempted to look for money by any means.

6. Diversification of livelihood activities which is very widespread within the study area is the sixth finding. Both the poor and the rich are engaged in the diversification of livelihoods strategy. It is also to distribute the risks among the different portfolios of livelihood activities to ensure or mitigate the consequences and shocks and stresses that are likely to emerge should single livelihood activity undertaken collapse. Though the rich and the poor engage in diversification strategies, there are obviously differences in their livelihoods based on the different asset bases, different capabilities, resilience and strong networks emanating from viable social capital. So the well-to-do has often better and sustainable livelihood activities. See the case examples of households studied and the degree to which some “successful” persons had certain investments in different livelihoods before the intervention of long term illness/HIV.

Diversification which necessitated complex resource allocation decisions, by adopting complex and diverse strategies to exploit available resources were made. This resulted in households adopting an all-embracing or holistic approach in form of diversification of livelihood strategies such as taking on board farm and non-farm activities that contributed to mobilising the asset base in a fluid manner in response to the peculiar situation of individuals or households and their changing needs. Looking at Section 4.12 and Table 4.9, it can be observed that the way people make their living within the study area is highly multi-faceted.

Even the trading across the border also requires a lot of capital inputs. That is why the young and beautiful ladies marry the elderly men already in polygamous relations with resources to support their businesses across the border. With the taste for high life and more acquisitive tendencies or greed and avarice for more material gains lead these young females to exchange sex for favours and money and as a result get infected with HIV. From the case examples, most of these rich households that got the HIV/AIDS into the web of polygamous relations get their livelihoods destroyed and a lot of suffering or deprivation and poverty setting into their households.

### **7.2.1 Significance of Migration/Mobility, Livelihoods and HIV/AIDS nexus**

Owing to households' livelihoods or choice of productive daily ventures undertaken by individuals or households depended on access to livelihood assets, the study revealed that, households tried to develop varied capabilities in dealing with risks, shocks and uncertainties



that threaten their livelihood activities. Through the analysis it was found out that the coping strategies were flexible to the extent that it took cognisance of the specific conditions prevalent in each household with regard to the asset base and available human capital.

Ewe ethnic groups that continued to enjoy good social relations in Ghana and Togo through frequent visits to each other, fostering of children, visits during marriage, festivals and funerals had strong bonds of trading across the border. Through this study, it became known the ECOWAS protocol has 'weakened' the "colonial" borders to the advantage of the Ewes. Huge movement of goods and people criss-crossing the border created various kinds of jobs, menial and waged labour as well as mobile populations that travelled far and near to look for opportunities they could hardly exploit beside the usual livelihoods in their settlements. This huge movement across the Ghana-Togo border had certain livelihood implications as well as mobility in the face of the HIV/AIDS pandemic.

The adoption of migration and trading of mobile populations across the border as a livelihoods strategy has become a very important socio-economic phenomenon. At the same time that these strategies bring about economic leverages for individuals and households, it also brings in its trail long term illness/HIV which undermines livelihoods and brings a lot of financial drain and dislocation beyond the savings made by the people who have travelled before. Higher dependencies in the form of orphans and the aged, vulnerable women and children worsen and negatively affect living standards as the bread winners are often infected. Policies that take care of migrants and mobile population infected with HIV as well as the vulnerable ones will be a good idea. On the political front, the free movement of people and goods without thorough checks had revealed certain dangers such as the illegal exportation of small arms and money laundering in the ECOWAS region. A policy of giving out soft loans in form of financial support to the mobile trading populations across the borders will probably tone down the stress among the most vulnerable individuals and households especially the young and newly married women who take active part in the trading activities. Most households, whether poor or rich fall into brittle socio-economic situations upon HIV/AIDS inflicting and affecting productive household members such that support outside the household's space will be a welcome idea.

Finally, the social networks that induce social capital in concrete terms by assisting households in the face of HIV/AIDS have been seen as very helpful agents that assist the

individuals and households in protecting livelihoods as well as caring for the individuals/households afflicted and affected by HIV/AIDS. The research explores and concludes that female headship cannot be automatically used as an indicator for AIDS vulnerability as households headed by women are not a unitary category but differ by their capital assets/resources or factors that enable them in their response. In order to develop supportive policies and responsive programming, a more complete and systematic evidence-base on HIV/AIDS, gender and rural livelihood linkages and the underlying causal factors is needed. This research concludes that vulnerability in the context of HIV/AIDS impacts differ substantially and the understanding of these differences are important as they expose the causal factors and conditions for people's vulnerability and as such has important policy and programme implications. These must be sensitive to differentiation of households and challenge the inequalities that drive AIDS susceptibility and vulnerability.

### **7.3 Academic and methodological implications**

This study as shown in this thesis has contributed to the academic literature on the theoretical, conceptual, methodological and practical knowledge that will aid the policy practitioners. Throughout the study, emphasis on the centrality of the theme – *The Impact of HIV/AIDS on livelihoods* has been discussed with the spectrum of social science lenses. This means the search for epistemological considerations cannot be located only within the bio-medical field alone. Thus, looking at what HIV/AIDS entails within health Geography, brings to its fore, locating this phenomenon within *health space* and thereby subjecting the discussion to a number of Health Geographical paradigms which is situated within a broader social science of which the theme has been studied. Through the study, my contribution has been the dissimilarity between migration and mobility that I discovered and discussed exhaustively in chapters one and two as being two distinctive processes by which people cross the border. The earlier literature emphasises the importance of migration and the remittances sent home by such migrants. Through this study, it has been emphasised that the larger category crossing the borders are the persons who traverse the borders not necessarily for purely economic gains and also are people who travel and come back to their homes without changing their residences. It is this mobile population that cross the Ghana-Togo border on daily or weekly basis that are of greater importance to the study more than the migrants (travel and change residences for long period of time) even though the two categories cross borders at the same time. The negative impacts of long term illness/HIV on these two

categories are without doubt similar if not same, but the difference is not the aim of the study.

It has been found out that HIV/AIDS plays a major role by impacting negatively the border residents' health and indirectly on their livelihoods. The rural people in this study have not shown much consciousness of the debilitating impacts of the HIV/AIDS pandemic. It stems from the fact that these people do not have real knowledge of their respective health status nor can they differentiate between natural causes of death of their people as they ascribe some of the people terminally ill to people who might have been bewitched or put under the spell of juju, etc. This research process has depicted using the local beliefs and their understanding of long term illness/HIV/AIDS which has been given a local name - *dikanaku*. By using the *long term illness* terminology as being synonymous to the HIV and discussing the negative effects of these two terms as similar and same, throws more search light and sharpens the knowledge of how the HIV/AIDS works against the wellbeing of people and especially the livelihood strategies of border residents.

Besides, the immediate concern of these rural people is how to have enough food for the family and the household and be able to probably cater for the ever rising costs of 'funeral rites' in the area without due regard or attention to the HIV/AIDS or the underlying causes of the increases in food insecurity and poverty in the area (Baylies, 2002; du Guerny 2002). The study revealed that majority of these rural border subsistence farmers have always been in food deficit. It cannot be denied that the area under review, (see chapter 1 & 4) being a lagging region as compared to the other areas within the two countries (Ghana & Togo) cannot be taken for granted (Dankwah, 2005). As a result of 'the indirect effects' of HIV/AIDS and early adoption of coping strategies which leave households vulnerable to other 'shocks' (Rugalema, 1999, de Waal 2002; SADC FANR 2003) and the fact that apart from HIV/AIDS being a long wave disaster (Barnet and Blaikie, 1992) migration and mobility and early marriages of girls to the 'well to do' but much older men can affect food security.

These rural border residents not identifying HIV/AIDS as a number one priority among the challenges, faced by them so as to become more careful in their outlook towards the dire consequences of the HIV infection, stems from the fact that their local knowledge or situated knowledge precludes to what extent the impact of HIV/AIDS pandemic causes food insecurity. In situations when the 'bread winner' or the household head who seems to be the

‘pillar’ around which the main livelihood activity evolves or when the very active and virile members of the household die as a result of the HIV/AIDS pandemic, a lot of difficulties set in the affected households. In such situations, the impact of HIV/AIDS pandemic is said to have lowered the ability of households to access food through what Sen (1980) termed as exchange entitlement, a concept that seems to suggest that there should not be a decline in the availability of food for HIV/AIDS to increase the vulnerability of households to hunger. This explains the situation of how food production could dwindle when the household members who supply labour for the farm work or tasks to be accomplished in the labour-intensive farming systems die. The ability of integrating the theoretical comprehension of social, political, cultural and economic institutions has enabled specific focus to be placed upon the inter linked role of the formal and informal institutions that help to expand the spheres of influence or impact of the HIV/AIDS pandemic on the livelihoods of the people. Thus, not forgetting the importance of government policies at the macro level of governance in symbiotic or otherwise relations with the micro - intra and inter-household relations and decision making, there are possibilities that these institutions could impact the capabilities and entitlements of the people differently.

This research has addressed a profound but often over looked theoretical and practical implication of the migration/mobility, livelihoods and HIV/AIDS nexus. It has been discussed how mobile populations, especially across borders which have same ethnic background of people on the two sides of same border can be susceptible/vulnerable to long term illness/HIV. Movement or mobility across the borders on daily and weekly basis does not absolve these traders, job-seekers from the “clutches” of the long term illness/HIV. As human beings with desperation and greed, who leave their residences daily in their chores, also face daily frustrations across the border which goad them to adopt risky sexual behavioural practices and are therefore equally blameable as spreading the HIV across the border region. Emphasis about people who fall into migration streams alone cannot be the ones who can carry the “burden” of development through the remittances they send home nor can they be only those infected with HIV. In addition, the efficacy of HIV/AIDS impact prevention and mitigation cannot therefore be seen only within the ‘terrain’ of the bio-medical sphere as the impact transcends the initial parochial perceptions or held view of the policy makers.

The increasing stigma and its mitigating procedure by the local people in their bid to ‘hide’

the truth of the matter, portioning the 'blame' game and winning empathy instead of blaming the afflicted could also be thoroughly examined due to its implications for policy. The double agony for the sick, as well as the vital social capital networks impact on the HIV/AIDS and their livelihood strategies that would have been ignored if HIV/AIDS were seen solely as an epidemiological issue would have to be discussed in detail due to its importance for policy. Without understanding and having ears for the local and alternative narratives, which constitutes the fundamentals of the local knowledge of the people, all efforts at opening the 'Pandora box' will be in vain. Though, it must not be forgotten that most of these alternative narratives are way off the scientific truth or realities, listening to the plight of the rural poor is very relevant for poverty eradication/alleviation. Their perception might help social scientists to utilise and organise development planning with their views sign post in policies that are likely to have the 'placebo' effect as development practice. Taking the views of the rural poor will engender their interest in further diagnosing into more conventional HIV/AIDS prevention initiatives.

The value of winning the confidence and trust of the people in this sensitive research has also been explored. Using the 'western' notion of talking openly about issues relating to sexual matters, especially in the study area where there is a heavy handedness within patriarchy and sexual issues regarded as 'no go' areas with the high prevalence of stigma would have undermined the credibility and respect for the culture of the people in this study. Thus far, the research in following the expected laid down ethical considerations for respecting the sensitivity and trust of the study 'objects' in such a sensitive exploration, no challenges were met in that regard that might have probably thwarted efforts at realising the objectives set out in this study.

Freedom of movement of people and goods induced by the ECOWAS protocol (2001), and the indirect effects of the HIV/AIDS pandemic not copiously researched has been a cutting edge research (AWARE-RH/HIV, 2003-2008; do Sacramento et al, 2008; Rodrigues, 2012). There has not been much study done on HIV/AIDS indirect impact on livelihoods in a border region domiciled by same ethnic group of people by using the sustainable livelihoods framework. The important causal factors and how policy makers could initiate policies based on the findings of this research that can mitigate the impacts of the HIV/AIDS on livelihoods will be critical and useful for policy.

The findings with regard to the influence of formal and informal institutions especially the customary law and norms in influencing entitlements and people's access to assets or resources, the role of information, education and communication initiatives in HIV/AIDS prevention will contribute to debates and discussions in both academia and among policy practitioners. Generalisation of the issues raised so as to extrapolate the findings must not be done without a due regard to the specific conditions that can possibly induce differences, such as the people's history and culture; variables which will bring about differences in different situations. Thus, the local context and peculiar situations which emphasise on the traditional treatment or traditional treatment with western medicine together termed as "hybridisation" health treatment (WHO, 2000; Campbell, 1972; Bombardieri and Easthope, 2000) have become central methodologies of health care in deciding a very pragmatic HIV/AIDS (socio-medical) prevention and mitigation programme. Policies must integrate the best parts of traditional methods of health protection or care and western notions of health care programmes so as to make the health care a trusted and holistic approach.

### **7.3.1 Implications for future research**

Research is a never ending process. It is equally true specifically in the case of HIV/AIDS, which spans over three decades, in which case, a vigorous world-wide search for a permanent cure or vaccine for the treatment of long term illness/HIV/AIDS and or a social intervention that can dramatically decrease or mitigate the influx of long term illness/HIV/AIDS pandemic, is yet to be realised. This research took a novel approach by the use of a mixed methods approach in which there was a broad base study of the quantitative demographic profiling of individuals and households, settlement information on household livelihoods that informed the intensive in-depth interviews and case studies that were used later. Kitchen and Tate (2000: 47) define survey as "a study which seeks to generate and analyse data on a specific subject from a particular sample population". The information covered both those affected and infected by HIV as well as non-affected with qualitative approach which provided more in-sights into their personal experiences and narratives.

Lee (1993) suggests that sensitive topics like sexuality, race or disability raise a number of questions and for which in-depth interviews can provide. For example, the findings of remittances sent to people of both Ghana and Togo during the survey was collaborated by the qualitative approach via the in-depth interview guide. Thus, the mixed method approach

helped to cross check, collaborate or supplement the findings in this study. This data collection method makes it fairly possible to minimise biases and also possible to make certain assertions and conclusions about the impact of the HIV/AIDS pandemic on livelihoods of the Ewe residents of Ghana-Togo border region. The mobility pattern as well as the migration trends across the border in search of livelihoods and looking for greener pastures must be seen as livelihoods strategies. This mobile persons who form the majority of people crossing the border as at any time cannot be taken for granted for two main reasons. This population that crosses the border is engaged in informal productive ventures which provide sustainability to a chunk of people of the rural ecology/environment which the main national economy cannot cater for. Their employment through the viable networks and robust social capital existent within same ethnicity across the border can be encouraged by well – planned policies which can promote peaceful co-existence and also enhance viable economic integration; factors that can promote development across borders.

Indeed, in similar manner, issues pertaining to good dialogue between the two countries on the viable role the mobile population contributes to the local economies by providing viable medical care and vigorous campaigns which can sharpen the knowledge of the travellers to and from these two countries will lead credence to behavioural changes relevant to minimising the HIV infection within the region studied. Future researches must be done in light of the current research finding that can aid an illumination of problems that cannot be explained today. In Science Nature, (Sept, 2013) Malim of King's College London, spoke of the latest finding of MX2 gene which will advance scientists understanding of how HIV virus interacts with the immune system that can aid possibilities of developing new therapies in order to be able to treat the long term illness/HIV. In addition, a study published in UCLA, on social media and behaviour psychology leads to HIV testing, better health behaviour among men at risk of HIV infection. The extra conversations on social media such as the face book about the ravages of HIV and how to change behaviour will positively affect people's reaction to change attitudes and be protected against the disease. These latest breakthrough in science does not preclude the importance of social dimension of the HIV/AIDS pandemic and thus the importance of this research conducted.

Further investigations should be undertaken in the study of why women who have a lot of chores to carry out in the household domain, should be termed as 'good' carers and given the tasks of caring for PLWHA could be a fine-tuning for understanding the extra mile women

are asked to help within the household and the ramifications of this arrangement on the orphans who stay with their grandparents as well as children's overall development. It is felt that future researches should engage knowledge on the effects of the epidemic on those who are not yet ill is important. This knowledge can aid policy makers on how they could adopt measures that can prevent those not yet ill from getting infected with the virus. Gender relations have become very crucial and very important that their detail and future study might help to unlock the 'hidden' knowledge associated with the sex roles and HIV/AIDS.

A study of state capacity can be very relevant and important and enable the people know and have assurance in the state, especially in rural areas where support and assistance to its people who are infected are rather small and inadequate. Another gap that can be filled in the study of how HIV/AIDS prevention, treatment, and education efforts designed to shift disease ecologies can create and sustain new forms of community. Thus the study of longer term livelihood changes over time can aid the study of livelihood strategies, assets and expectations as well as the well-being, capabilities and vulnerabilities of individuals and households response to long term illness and death. Due to differences in the perception of household members as unique individuals and human beings, coupled with the challenges which often are met by households, individual studies must be given some chances to find out if such outcomes cannot be worth their salt. One important aim of this research is to create and sharpen the levels of awareness of the treatment opportunities apparently available within the two countries and to mobilise and create HIV/AIDS prevention and mitigating programmes. This aim will be achieved when journal articles and seminars and symposia are organised by the researcher later on. Given the crucial role of different narratives, a useful line of research would be to examine how "belief systems" and attitudes towards HIV/AIDS awareness and preventions can utilise this research to effectively target their job description. The expansion of anti-retro-virals even though on the increase within the two countries, there are more rooms to be improved before the distribution of the ARV can cover substantial number of people.

#### **7.4 Final Summary**

In conclusion, the strong network links between the Ewes in Ghana and Togo serve as bonds, necessary "ingredients" of trust and reciprocal exchanges efforts to sustain extra livelihood strategies in their daily survival of cross border trading and job-seeking activities within a fragile geographical location. The development of inherent ties of social capital within the



network show multi-level nature of support system which plays out to inure solidarity and support among the Ewes across the “colonial” borders. These social dynamics serve in favour of individuals/households with stronger network links having more information, human capital mobilisation, tangible and intangible resources to give and receive support through the processes of social cohesion and reciprocity among the Ewes across the Ghana-Togo border. The complex network of institutional support which avails often relevant information needed in trading apart from aiding other services and funding in times of the long term illness/HIV pandemic also encourages the backward and forward flow of people in the often seen vigorous mobility across the border. The underlying factor for this interaction across the border cannot therefore be based on the economic factors alone. The ethnicity and powerful social capital that develops among same people underscores economic considerations alone.

Granted that the people whose lives and livelihoods will be disrupted by HIV/AIDS, it is crucial that the long term physical and emotional issues and implications are understood and appropriate responses identified. Extra research in form of further inquiry to be able to boost understanding of the psychological needs of orphans, carers and those living with the HIV/AIDS (PLWHA) in order that effective policy and institutional responses and policies can be identified and developed by the people who have resources and power to effect the needed changes for these afflicted people. For the PLWHA in sub-Saharan Africa and especially the region domiciled by the Ewes of the Ghana-Togo border region can be minimised, there is an urgency for sharpening knowledge and increase awareness that behavioural changes within the networking framework as far as their risky sexual relations amidst the desire to cross the border is concerned. By diversification of livelihoods so as to reduce the risk aversion posed by natural phenomena such as the climatic changes coupled with human behavioural changes towards risky sexual life styles will minimise the incidence of the long term illness/HIV pandemic, not forgetting national governments to make formal education abundantly accessible to all including, especially the poorer of the poor, and the “wretched” of the earth. By emancipating citizens through education will help diversify God-given talents inherent in the citizens that will consequently promote a more rigorous construction and development of their various countries not forgetting their personal awareness and required health needs.

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## APPENDIX 1

QUESTIONNAIRE NUMBER / No....	<i>QID 1</i> <i>-280</i>

### LIVELIHOODS, HIV/AIDS AND MIGRATION SURVEY

Identification of rural settlements		
<b>70. Rural Settlements (Villages) - 4</b>	Ave-Havi ( Ghana)	<b>1</b>
	Akpoko/Wodome (Ghana)	<b>2</b>
	Alawogbee(Togo)	<b>3</b>
	Batume (Togo)	<b>4</b>
<b>Village Name</b>		
<b>Household Head Name</b>		
<b>Enumerator</b>		
<b>Date of Interview</b>	____/ ____/ 2006/7 <i>int_d - - 99; int_m - - 99;</i> <i>Int_y - - - - 9999</i>	
<b>Type of house</b>	a. Traditional dwelling [ --- 1] . b. Modern brick house [ ----2 ]. c. Combination of modern and traditional dwelling [ - ---3 ], d. Squatter hut /shack [ ---4] e. Other (please specify [ -----5]	

**Interviewer Notes:**

**SECTION A: HOUSEHOLD INFORMATION**

<b>1. Sex of the household head</b> <i>Q1 - 8</i> (Do not ask; observe and record)	
Male	1
Female	2

<b>2. Age of the household head</b> <i>Q2 - - 99</i> (Record in years at last birthday) <i>Computed: Q2A Age of HHH recoded 1- 98</i>	
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<b>3. Tribal group of household head Ghana/Togo</b> <i>Q3 - - 99</i>		
<i>Ghana</i>	<i>Togo</i>	
Ewe	Ewe	1
Guan	Mina	2
Ga-Adangbe	Kabre	3
Gruma	Dagomba	4
Other (please specify) (please specify)	Other	10
Unknown	Unknown	99

<b>4. Citizenship of household head</b> <i>Q4 - 9</i>	
Ghanaian	1
Togolese	2
Other (please specify)	3
Unknown	9

**5. Place of birth of household head** – (nearly following tribal grouping under Q 3)  
(Record name of place and region; only record name of country if not in Ghana or in Togo)

<b>Ghana</b>	<b><i>Togo</i></b>	
Name of place	Name of place	
Region (1. Volta 2. Eastern 3. Accra 4. Northern)	Region (1. Maritime ( Lome) 2. Kpalime Plateau 3. Zio 4. Plateau Central)	1
Name of foreign country	Name of foreign country	2
Other	Other	3
Don't know	Don't know	9

**\*Construct participatory household diagram at this point\***

*USE A SEPARATE PAPER TO DRAW THE DIAGRAM.*

<b>6. How many people live in your household? CO-RESIDENT</b>	<b>1 - 99</b>
<i>These include persons who are members of this household (co-resident i.e. people normally sleeping in the h'sehold ) according to the definition for this survey. Before you proceed, transfer the age and sex of the household head to the table in Q7.</i>	



**7. Details of Co-Resident Household Members - (PERSON DATA). Please list all persons living in this household starting with the household head.**

Person Number	First name and initial of surname of household member (optional)	Relationship to household head 1-99	Sex 1-9	Age 1-99	Marital status 1-9	Currently attending school? (only for persons 4-24 years)	Highest level of education (Enter ONLY HIGHEST level)
(A)		1 = (Head)	(C)	(D)	(E)	(F)	(G)
C1							edu 1-c
C2							
C3							
C4							
C5							
C6							
C7							
C8							
C9							
C10							
C11							
C12							
C13							
C14							
C15							
C16							
C17							
C18							
C19							
C20		↓	↓	↓	↓		

	<b>71. Relationship to household head</b>	<b>72. Sex</b>	<b>Age at last birthday in years</b>	<b>73. Marital Status</b>	<b>Attending school?</b>	<b>74. Education</b>
<b>C1 - C20</b>	1 = Head	1=Male	0 = less than 1 year	1 = Never married	1 = Yes	1 = No formal schooling
	2 = Spouse/partner	2=Female	97 = 97 or older	2 = Married	2 = No	2 = Some primary
	3 = Son/daughter			3 = Cohabiting	9 = Don't know	3 = Primary completed
	4 = Spouse of son/daughter			4 = Divorced		4 = Some high school
	5 = Father/mother			5 = Separated		5 = High school completed
	6 = Brother/sister			6 = Widowed		6 = Post secondary qualification (not university)
	7 = Uncle/aunt			7 = Abandoned		7 = Some university
	8 = Grandson/daughter			9 = Don't know		8 = University completed
	9 = Grandmother/father					99 = Don't know
	10 = Niece/nephew					
	11 = Other relative					
	12 = Friend					
	13 = Other non-relative					
	99 = Don't know					

**8. Details of Non-Resident Household Members - *PERSON DATA*.**  
**persons belonging to this household who live away most of the year:**

**Please list all**

<b>75. Number of non-resident HH members</b>	<b>NONR - - 99</b>
--	--------------------

76	First name and initial of surname of household member (optional)	Relationship to household head	77. Sex	78. Age	Marital status	Current place of residence	How often do they visit in a year?
(A)		(B)	(C)	(D)	(E)	(F)	(G)
N1							
N2							
N3							
N4							
N5							
N6	pno (21-32)						
N7							
N8							
N9							
N10							
N11							
N12							
N13							
N14							

		Relationship to household head 1 = Spouse/partner 2 = Son/daughter 3 = Spouse of son/daughter 4 = Father/mother 5 = Brother/sister 6 = Uncle/aunt 7 = Grandson/daughter 8 = Grandmother/father 9 = Niece/nephew 10 = Other relative 11 = Friend 12 = Other non-relative 13 = Don't know	Sex 1 = Male 2 = Female 8 = Don't know	Age at last birthday in years 0 = less than 1 year 97 = 97 or older 99 = Don't know	Marital Status 1 = Never married 2 = Married 3 = Cohabiting 4 = Divorced 5 = Separated 6 = Widowed 7 = Abandoned 9 = Don't know	Current place of residence 1 = Nearby village 2 = Capital city 3 = Other urban area (please specify the town) 4 = Other rural area 5 = In another country (please specify) 9 = Don't know	How often do they visit in a year? 1 = Twice or more per month 2 = Once a month 3 = More than twice in 3 months 4 = Once in three months 5 = Once in every 6 months 6 = Once a year 7 = Other (please specify) 9 = Don't know
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### Household Migration

<b>9a. In the past five years, have the number of persons belonging to your household:</b> <b>Q9A - 9</b> <i>(This includes persons from both the co- and non-resident households)</i>	
Become more?	1
Become less?	2

Or stayed the same?	3
<b>9b. Please explain your answer above.</b>	
	<b>Q9B1</b> - - 99
	<b>Q9B2</b> - - 99
	<b>Q9B3</b> - - 99

<b>10. Has the household always lived in this village?</b>	<b>Q10</b> - 9	Yes	1	No	2
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(SKIP: If 'No' proceed to Q11, If 'Yes' go to Q14)

<b>11. How long has the household lived in this village?</b>	<b>Q11A</b> - 9	Years
(Recorded years lived into categories)		
1-10		1
11-20		2
21-30		3
31-40		4
41-50		5
Above 50		6
I don't know		9

<b>12. If the household moved, where did they live previously?</b>		
(Record name of place and region; only record name of country if not in either Ghana or Togo )		
Name of place (Ghana ): <i>Original for :Q12a1 (Ave-Havi) Q12a2 (Agortime );</i>		<b>Q12A</b> - - 99
a. Name of place in (Togo ) <b>Q12A3 (Alawogbee)</b> (Alawogbee), Kpetoe-Afegame, Lome		
b. Region in Ghana(1. Volta 2.Eastern 3. Accra)	Region in Togo (1. Maritime- Lome) 2. Kpalime Plateau 3. Zio	1
c. Name of foreign country:	Name of foreign country	2
d. Other	Other	3
e. Don't know	Don't know	99

<b>13. Why did the household move to this village? Open + And code later</b>	
	<b>Q13A</b> - -

<b>14. Do you travel across the border?</b>	<b>Q14</b> - 9
Yes	1
No	2

If Yes, proceed on to Q15 & Q16, If No skip to Q 17 at Section B

15. Why do you travel across the border? <i>Q15 - 9</i> (Use as appropriate; Circle those applicable). If >1 answer, then rank in order of importance		Ranking Order of importance
To Relatives	1	
For trading /Business	2	
Funerals	3	
Festivals	4	
Labouring	5	
Farming / Grazing	6	
Other (please specify) _____	9	

16. How often do you cross the border? <i>Q16 - 9</i> (Use as appropriate; Circle those applicable)	
Daily	1
Weekly	2
Monthly	3
Yearly	4
Twice yearly	5
Other (please specify) _____	9

## SECTION B: HOUSEHOLD ACTIVITIES - PERSON DATA

### 17. Within the homestead who participates in the following activities?

Write down the first name and initial of the surname of the household member in the same order as Question 7.

Record the labour capacity code for the household member.

Indicate in which activities she/ he participates in by circling the appropriate code in the appropriate row.

Person Number	First name and initial of surname of household member (optional)	Labour capacity	Cleani ng	Prepar ing Food	Cooki ng	Colle cting Wate r	Fetch ing firew ood	Tha tchi ng	Buil ding Hom estea d Fenc es
(A)		(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
C1		2	1	2	3	4			7
C2	Simon	4	1	2	3	4	5		
C3	Addo	1	1	2	3	4		(6)	

C4			1	2	3	4			( 7 )
C5			1	2	3	4			
C6			1	2	3	4	5	6	7
C7			1	2	3	(4)	(5)	6	7
C8			1	2	3	4	5	6	7
C9			1	2	3	4	5	6	7
C10			1	2	3	4	5	6	7
C11			1	2	3	4	5	6	7
C12			1	2	3	4	5	6	7
C13			1	2	3	4	5	6	7
C14			1	2	3	4	5	6	7
C15			1	2	3	4	5	6	7
C16			1	2	3	4	5	6	7
C17			1	2	3	4	5	6	7
C18			1	2	3	4	5	6	7
C19			1	2	3	4	5	6	7
C20			1	2	3	4	5	6	7
<b>Codes: Labour capacity</b> 1 = child (not working) 2 = working child (Age group: 15 years and less; Examples of activities: herding livestock; doing domestic chores; childcare) 3 = “adult assistant” (Age group: 16 – 18 years; Examples of activities: helping in fields, with livestock ) 4 = adult (Age group: 19 – 59 years; able to do full adult workload) 5 = elderly (Age group: 60 years and older; not able to do full adult workload) 6 = permanently disabled (unable to work) 7 = chronically ill (unable to work for past 3 months or more) 9 = Unknown									

C1 –C20

<b>18. Do you care for children in this household whose parents live away?</b>	Yes	1	No	2
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(SKIP: If ‘Yes’ proceed to Q19, If ‘No’ go to Q20)

9

Q18 -

<b>19. Who are these children whose parents live away? ( PERSON DATA)</b>
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79. Who are these children?		Do their parents provide support for their care?		80. Person Number of parent <i>Record for both father and mother even if they do not provide support.</i>		Type of support provided <i>Record for mother only if Col (C) = YES Record for father only if Col (D) = YES You can record more than one type of support for either mother or father (separate by commas)</i>	
Name	Person Number	Mother	Father	Mother	Father	Mother	Father
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Use the appropriate person number from Q7: (C1 – C20)	Provide support? 1 = Yes 2 = No		Use the appropriate person number from Q8 (N1 – N14) if the parent is a member of the non-resident household. If the parent is not listed in Q8, then write 'N.A.' for 'Not applicable'.		Type of support 1 = Cash 2 = Food 3 = Clothes 4 = School uniform 5 = School fees 6 = Other (specify)	

20. Do you care for children in this household whose parent/s has passed away?	Yes	1	No	2
--	-----	---	----	---

(SKIP: If 'Yes' proceed to Q21, If 'No' go to Q22)

Q20 - 9

21. Who are these children whose parent/s has passed away? - PERSON DATA								
81. Who are these children?		Who passed away?	Relationship of the deceased person to the household head		Type of support received for these children (This includes financial as well as material and psychological support)			
Name	Person Number		Mother	Father				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)



	Use the appropriate person number from Q7: (C1 – C20)	Who passed away? 1 = Mother 2 = Father 3 = Both	Relationship to HH head <i>0 = Household head</i> 1 = Son/ daughter 2 = Spouse of son/daughter 3 = Brother/ sister 4 = Other relative 5 = Friend 6 = Other non-relative 7 = Previously not belonging to either co- or non-resident HH 8 = Other (specify)	Type of support 1 = No support received 2 = Support from surviving parent (financial) <i>3 = Support from surviving parent (other support, e.g. food, clothing)</i> <i>4 = Support from GRN (e.g. foster grant)</i> <i>5 = Support from other relatives</i> <i>6 = Support from friends and neighbours</i> <i>7 = Support from community</i> <i>8 = Other support (specify)</i>				

<b>22. In your household is there currently anyone who has a long term illness?</b>	Yes	1	No	2
---	-----	---	----	---

(SKIP: If 'Yes' proceed to Q23, If 'No' go to Q24)

Q22 - 9

23. Which household members are ill? - PERSON DATA							
82. Who are these household members?		Who cares for that household member?		What contribution does this HH member usually make to the household? Who carries out the work/ activity of that person?			
Name	Person Number	Carer 1	Carer 2	Contributions (record up to three)	(Code)	Help 1	Help 2
(A)	(B)	(C)	(D)	(E)		(F)	(G)
	Q23B	CARE1	CARE2	CONTR1	COD1	HELP1 1	HELP2 1
				CONTR2	COD2	HELP1 2	HELP2 2
				CONTR3	COD3	HELP1 3	HELP2 3
Computed variables				carer	PNO of H member caring		--
				helper	PNO of HH member helping		--
	Use the appropriate person number from Q7: (C1 – C20)	Use the appropriate person numbers from Q7: (C1 – C20)	<b>Who carries out activity? (Help 1; Help 2)</b> 1 = That HH member when she/ he feels well 2 = Another HH member (record the person number of that HH member – C1 to C20) 3 = Work/ activity no longer takes place 4 = Hire labour for that work/ activity 5 = Hire out the land for someone else to cultivate 6 = Other (specify)				

<b>24. Has anyone in your household lived in another country?</b>	Yes	1	No	2
---	-----	---	----	---

(SKIP: If 'Yes' proceed to Q25, If 'No' go to Q26 b)

Q24 - 9

<b>83. 25. Who are these household members that have lived abroad (outside their country)? - PERSON DATA</b>			
<b>84. (Ask of both the co- and non-resident HH members)</b>			
Name	Person Number	Country of residence /dwelling	Code (Office use only)
(A)	(B)	(C)	
	<i>Q25B --</i>	<i>Q25C1 Q25C2 Q25C3</i>	<i>-- 99</i>
Use the appropriate person number from Q7: (C1 – C20) OR from Q8 (N1 – N14)		Write down country of dwelling /residence; these answers will be coded later	

<b>26a. What are they doing there? (Choose those applicable )</b>	
a. Working { 1}    b. Taking studies { 2}    c. Doing business {3}	
d. Married { 4}    e. In exile { 5}    f. Others ( Specify) { 9 }	
<b>26b. How do you assess critically those who live outside their home/country (living abroad)? (Choose those applicable)</b>	
a. They remit home - [ 1 ]    b. They support the family – [ 2 ]	
c. They stabilize / diversify the household livelihoods - [ 3 ]	
d. Serve as assets to the family- [ 4 ]	
e. They support the orphans - [ 5 ]    f. Other (specify) - [ 9 ]	

<b>SECTION C: HOUSEHOLD LIVELIHOODS - LIVESTOCK</b>
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<b>27. Does your household own livestock?</b>	Yes	1	No	2
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*(SKIP: If 'Yes' proceed to Q28, If 'No' go to Section D i. e. h'sehold livelihoods -crops)    Q27 - 9*

<b>28 What type of livestock does the household own?</b> <i>(Record separately for co- and non-resident households by circling the appropriate codes for each household)</i>				
	<b>Co-resident household</b>	<i>-- 99</i>	<b>Non-resident household</b>	<i>-- 9</i>
a. Cattle	1	<i>Q28A1</i>	1	<i>Q28A2</i>

b. Goats	2	<i>Q28B1</i>	2	<i>Q28B2</i>
c. Pigs	3	<i>Q28C1</i>	3	<i>Q28C2</i>
d. Sheep	4	<i>Q28D1</i>	4	<i>Q28D2</i>
e. Donkeys	5	<i>Q28E1</i>	5	<i>Q28E2</i>
f. Poultry	6	<i>Q28F1</i>	6	<i>Q28F2</i>

**29. Who are these household members that own livestock?**

*Ask of both the co- and non-resident HH members*

*Draw a line through those columns for livestock not owned by any HH member (see question above)*

*Enter the name and the appropriate person number for that household member*

*Record number of livestock owned for that person; if she/ he does not own, please enter a '0'*

**CO-RESIDENT HOUSEHOLD MEMBERS - PERSON DATA**

Name	Person Number	Number of CATTLE	Number of GOATS	Number of PIGS	Number of SHEEP	Number of DONKEYS	Number of POULTRY
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	<i>Q29B</i>	<i>Q29C</i>	<i>Q29D</i>	<i>Q29E</i>	<i>Q29F</i>	<i>Q29G</i>	<i>Q29H</i>
	--	--- 999	--- 999	--- 999	--- 999	--- 999	--- 999
<i>Computed variables for household:</i>							

**Use the appropriate person number from Q7: (V1 – V20)**

**30. Who are these household members that own livestock? (continued) - PERSON DATA**

### NON-RESIDENT HOUSEHOLD MEMBERS

Name	Person Number	Number of CATTLE	Number of GOATS	Number of PIGS	Number of SHEEP	Number of DONKEYS	Number of POULTRY
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)

Use the appropriate person number from Q8: (N1 – N14)

### 31. Who looks after them? - Person Number ( C1 –C20) . Person Data

(Record for each type of livestock by circling **ALL** codes that apply in each column)

(If a household members looks after livestock (column (A) circled) then please record the person number (C1 – C20) for those household members. If there is more than one household member herding, please separate the person numbers by a comma).

	CATTLE	GOATS	PIGS	SHEEP	DONKEYS	POULTRY
	<i>Q31A1-4</i>	<i>Q31B1-4</i>	<i>Q31C1-4</i>	<i>Q31D1-4</i>	<i>Q31E1-4</i>	<i>Q31F1-4</i>
a. Household member	1	1	1	1	1	1
b. Herd boy	2	2	2	2	2	2
c. Other (please specify)	3	3	3	3	3	3
d. Unknown	9	9	9	9	9	9

### 32. How often do you sell livestock?

(Record for each type of livestock by circling **ONLY ONE** code for each column)

	CATTLE	GOATS	SHEEP	DONKEYS	POULTRY
	<i>Q32A</i>	<i>Q32B</i>	<i>Q32D</i>	<i>Q32E</i>	<i>Q32F</i>
Never	1	1	1	1	1
Monthly	2	2	2	2	2
A few times a year	3	3	3	3	3
Every few years	4	4	4	4	4
Only when the household needs cash	5	5	5	5	5
Other (please specify)	6	6	6	6	6
Unknown	9	9	9	9	9

**33. Why do you sell livestock?***(Record for each type of livestock by circling ALL codes that apply in each column)*

	<b>CATTLE</b>	<b>GOATS</b>	<b>SHEEP</b>	<b>DONKEYS</b>	<b>POULTRY</b>
	<i>Q33A1-9</i>	<i>Q33B1-9</i>	<i>Q33D1-9</i>	<i>Q33E1-9</i>	<i>Q33F1-9</i>
	- 9	- 9	- 9	- 9	- 9
a. Only sell if cattle are injured or sick	1	1	1	1	1
b. To meet unexpected expenses e.g. medical treatment	2	2	2	2	2
c. To provide cash for expenses on special occasions	3	3	3	3	3
d. To provide food in times of need	4	4	4	4	4
e. To manage the herd size	5	5	5	5	5
f. To provide a source of income	6	6	6	6	6
g. To pay for educational expenses	7	7	7	7	7
h. Other (please specify)	8	8	8	8	8
<i>i. Unknown (computed)</i>	<i>9</i>	<i>9</i>	<i>9</i>	<i>9</i>	<i>9</i>

**34. How often do you slaughter livestock?***(Record for each type of livestock by circling ONLY ONE code for each column)*

	<b>CATTLE</b>	<b>GOATS</b>	<b>SHEEP</b>	<b>DONKEYS</b>	<b>POULTRY</b>
	<i>Q34A</i>	<i>Q34B</i>	<i>Q34D</i>	<i>Q34E</i>	<i>Q34F</i>
Never	1	1	1	1	1
Monthly	2	2	2	2	2
A few times a year	3	3	3	3	3
Every few years	4	4	4	4	4
Other (please specify)	6	6	6	6	6
Unknown	9	9	9	9	9

**35. Why do you slaughter livestock?***(Record for each type of livestock by circling ALL codes that apply in each column)*

	<b>CATTLE</b>	<b>GOATS</b>	<b>PIGS</b>	<b>SHEEP</b>	<b>DONKEYS</b>	<b>POULTRY</b>
	<i>Q35A1-9</i>	<i>Q35B1-9</i>	<i>Q35C1-9</i>	<i>Q35D1-9</i>	<i>Q35E1-9</i>	<i>Q35I-9</i>
	- 9	- 9	- 9	- 9	- 9	- 9
a. Only sell if cattle are injured or sick	1	1	1	1	1	1

b. To meet unexpected expenses e.g. medical treatment	2	2	2	2	2	2
c. To provide cash for expenses on special occasions	3	3	3	3	3	3
d. To provide food in times of need	4	4	4	4	4	4
e. To manage the herd size	5	5	5	5	5	5
f. To provide a source of income	6	6	6	6	6	6
g. To pay for educational expenses	7	7	7	7	7	7
h. Other (please specify)	8	8	8	8	8	8
<b>i. Unknown (computed)</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>

**36. How much money does the household approximately make in a YEAR from selling and slaughtering livestock?**

*(Record for each type of livestock the approximate combined income for both co- and non-resident households)*

	<b>CATTLE</b>	<b>GOATS</b>	<b>PIGS</b>	<b>SHEEP</b>	<b>DONKEYS</b>	<b>POULTRY</b>
a. Selling livestock (Cedis/CFA franc)	<i><b>Q36A1</b></i>	<i><b>Q36B1</b></i>	<i><b>Q36C1</b></i>	<i><b>Q36D1</b></i>	<i><b>Q36E1</b></i>	<i><b>Q36F1</b></i>
b. Slaughtering livestock (Cedis/CFA franc) <i>This includes meat, hides etc., but excludes own consumption</i>	<i><b>Q36A2</b></i>	<i><b>Q36B2</b></i>	<i><b>Q36C2</b></i>	<i><b>Q36D2</b></i>	<i><b>Q36E2</b></i>	<i><b>Q36F2</b></i>
	- - - - <b>9999</b>	- - - - <b>9999</b>	- - - - <b>9999</b>	- - - - <b>9999</b>	- - - - <b>9999</b>	- - - - <b>9999</b>

## SECTION D: HOUSEHOLD LIVELIHOODS - CROPS

<b>37. Does your household grow crops?</b>	Yes	1	No	2
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*(SKIP: If 'Yes' proceed to Q38, If 'No' go to Section E) Q37 - 9*

### 38. What crops do you grow?

*Column (B): Circle the appropriate code for the crop grown*

*Columns (C) - (F): Enter up to four different places where the crop is grown*

*Columns (G), (I) and (J): Use bowls (pans) to work out proportions. Percentages should add up to 100%. enter '0' for 'none'.*

*Column (H): Enter average income earned from the sale of the crop over the year.*

Type of crop grown	Code	Place where grown (Respondent can mention up to four different places)				Percent age sold	Average income/year from sale (N\$)	Percent age stored	Percentage consumed immediately
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
a. . Maize	1								
b. cassava	2								
c Beans (ayi)	3								
d.) Groundnut	4								
e. Tomatoes	5								
f. Sorghum / okro	6								
g. . Melons (melon)	7								
h. Green vegetables	8								
i. Other crop (specify)	9								
j. Other crop (specify)	10								
k. Other crop (specify)	11								



	<b>Place where grown:</b> 1 = Around the homestead 2 = Around the village 3 = On lands close by (few hours walk) 4 = On lands further away (a day's travel) 5 = Other (please specify) 9 = Unknown	0 = None Please enter 'D/K' for unknown	0 = None Please enter 'D/K' for unknown	0 = None Please enter 'D/K' for unknown	0 = None Please enter 'D/K' for unknown
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**39. Which members of the *CO-RESIDENT* household are involved in the cultivation of crops? - *PE DATA***

Write down the first name and initial of the surname of the household member in the same order as Question 7. Indicate in which activities she/ he is involved in by circling the appropriate code in the appropriate row.

Person Number	First name and initial of surname of household member (optional)	Labour capacity	Field Clearing/ Burning	Sowing	Ploughing	Weeding	Bird Scaring	Harvesting	Oma shi sha Making	Threshing
(A)		(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
V1										
V2										
V3	Q39A	Q39B	Q39C	Q39D	Q39E	Q39F	Q39G	Q39H	Q39I	Q39J
V4	--	- 9	- 9	- 9	- 9	- 9	- 9	- 9	- 9	- 9
V5			1	2	3	4	5	6	7	8
V6			1	2	3	4	5	6	7	8
V7			1	2	3	4	5	6	7	8
V8			1	2	3	4	5	6	7	8
V9			1	2	3	4	5	6	7	8
V10			1	2	3	4	5	6	7	8
V11			1	2	3	4	5	6	7	8
V12			1	2	3	4	5	6	7	8
V13			1	2	3	4	5	6	7	8
V14			1	2	3	4	5	6	7	8
V15			1	2	3	4	5	6	7	8

V16			1	2	3	4	5	6	7	8
V17			1	2	3	4	5	6	7	8
V8			1	2	3	4	5	6	7	8
V19			1	2	3	4	5	6	7	8
V20			1	2	3	4	5	6	7	8
	<b>Codes: Labour capacity</b> 1 = child (not working) 2 = working child (Age group: 15 years and less; Examples of activities: herding livestock; doing domestic chores; childcare) 3 = “adult assistant” (Age group: 16 – 18 years; Examples of activities: helping in fields, with livestock ) 4 = adult (Age group: 19 – 59 years; able to do full adult workload) 5 = elderly (Age group: 60 years and older; not able to do full adult workload) 6 = permanently disabled (unable to work) 7 = chronically ill (unable to work for past 3 months or more) 9 = Unknown									

**40 Which members of the *NON-RESIDENT* household are involved in the cultivation of crops? *PERSON***  
Write down the first name and initial of the surname of the household member in the same order as Question 8.  
Indicate in which activities she/ he is involved in by circling the appropriate code in the appropriate row.

Person Number	First name and initial of surname of household member (optional)	Labour capacity	Field Clearing/ Burning	Sowing	Ploughing	Weeding	Bird Scaring	Harvesting	Oma Mak
(A)		(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
<b>N1</b>									
<b>N2</b>									
<b>N3</b>									
<b>N4</b>									
<b>N5</b>			1	2	3	4	5	6	7
<b>N6</b>			1	2	3	4	5	6	7
<b>N7</b>			1	2	3	4	5	6	7
<b>N8</b>			1	2	3	4	5	6	7
<b>N9</b>			1	2	3	4	5	6	7

	<p><b>Codes: Labour capacity</b></p> <p>1 = child (not working)</p> <p>2 = working child (Age group: 15 years and less; Examples of activities: herding livestock; doing childcare)</p> <p>3 = “adult assistant” (Age group: 16 – 18 years; Examples of activities: helping in fields, with livestock)</p> <p>4 = adult (Age group: 19 – 59 years; able to do full adult workload)</p> <p>5 = elderly (Age group: 60 years and older; not able to do full adult workload)</p> <p>6 = permanently disabled (unable to work)</p> <p>7 = chronically ill (unable to work for past 3 months or more)</p> <p>9 = Unknown</p> <p><b>Codes for Q40:</b></p> <p>1 = NR take part; 2 = No NR in household 3 = NR in household, but none are involved</p>
--	---

**41. Which NON HOUSEHOLD MEMBERS are involved in the cultivation of crops?**

**Q41 -**

**Yes; 2 = No**

Write down the status of this person that is not part of either the co- nor the non-resident household e.g. neighbour, hired labourer etc.

Indicate in which activities she/ he is involved in by circling the appropriate code in the appropriate row.

In the column (J), please specify whether these persons are paid for the labour by recording a

1 = Yes, in cash; 2 = Yes, in kind; 3 = Not paid; 4 = Yes, in kind (ondjabi); 5 = In cash and in kind

Person Number	Status of non household member	Field Clearing/ Burning	Sowing	Ploughing	Weeding	Bird Scaring	Harvesting	Making barn (storage)	Threshing
(A)		(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
O1									
O2									
O3									
O4									
O5		1	2	3	4	5	6	7	8

42. How do you plough your fields? (Circle ALL that apply)		Rank in order Of importance
a. Just with human labour	1	Q42A - 9
b. With cattle using plough	2	Q42B - 9
c. With a tractor	3	Q42C - 9
d With donkeys using plough	4	Q42D - 9
e. Other (please specify)	5	Q42E - 9

**43. Looking at the type of equipment/ livestock that your household uses when ploughing the fields, do you:**

*(Circle the appropriate code for each type of equipment/ livestock. Circle only ONE code for EACH column).*

	<b>Donkeys</b>	<b>Cattle</b>	<b>Tractor</b>	<b>plough</b>	<b>Other</b>	<b>Please specify 'Other'</b>
	<i><b>Q43A</b></i>	<i><b>Q43B</b></i>	<i><b>Q43C</b></i>	<i><b>Q43D</b></i>	<i><b>Q43E</b></i>	<i><b>Q43E1</b></i>
	<b>- 9</b>	<b>- 9</b>	<b>- 9</b>	<b>- 9</b>	<b>- 9</b>	<b>- 9</b>
a. Own these?	1	1	1	1	1	
b. Borrow them (no payment)?	2	2	2	2	2	
c. Pay to use them?	3	3	3	3	3	
d. Don't use them?	4	4	4	4	4	
<i><b>e. Own and pay to use them</b></i>	<i><b>5</b></i>	<i><b>5</b></i>	<i><b>5</b></i>	<i><b>5</b></i>	<i><b>5</b></i>	<i><b>Added</b></i>

# SECTION E: HOUSEHOLD LIVELIHOODS – OTHER NATURAL RESOURCES

<b>44. Does anyone in your household harvest other natural resources?</b>	Yes	1	No	2
---	-----	---	----	---

(SKIP: If 'Yes' proceed to Q45, If 'No' go to Section F)

Q44 - 9

## 45. What other natural resources do you harvest?

Circle natural resources that is harvested and indicate who collects them (enter person code); the season collect to two codes); the place where the resource is collected (up to three coeds) and the purpose the natural resource (up to three codes)

Type of natural resource	Code	Who collect s?	Season		Where?			Purpose		
		Person 1 – Person 5	Multiple responses (2)		Multiple responses (3)			Multiple response (3)		
(A)	(B)		(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
	Q45A1	*	Q45F1	Q45G1	Q45H1	Q45I1	Q45J1	Q45K1	Q45L1	Q45M1
	to	to	to	to	to	to	to	to	To	To
	Q45A12	*	Q45F12	Q45G12	Q45H12	Q45I2	Q45J2	Q45K12	Q45L2	Q45M12
	-- 99	--	- 9	- 9	- 9	- 9	- 9	- 9	- 9	- 9
		PERSON DATA								
a. Wood e.g. timber poles	1	* HPNO1								
b. Grass	2	* HPNO2								
c. Palm leaves/fruits	3	* HPNO3								
d. Edible plants e.g. ademe	4	* HPNO4								
e. Medicinal plants	5	* HPNO5								
f. Wild fruits e.g. atitoe	6	* HPNO6								
g. Honey	7	* HPNO7								
h. Insects e.g. worms	8	* HPNO8								
i. Small animals e.g. birds	9	* HPNO9								
j. Other natural resource	10	* HPNO10								

k. Other natural resource	11	<i>None</i>			
m. Other natural resource	12	<i>None</i>			
		<b>Use the appropriate person number from Q7: (C1 – C20)</b>	<b>Season:</b> 1 = Spring 2 = Summer 3 = Autumn 4 = Winter 5 = All year 9 = Unknown	<b>Where?</b> 1 = Around the homestead 2 = Around the village 3 = On lands close by (few hours walk) 4 = On lands further away (a day's travel) 5 = Other (please specify) 9 = Unknown	<b>Purpose?</b> 1 = Consumption 2 = Medicine 3 = Firewood 4 = Handicraft 5 = Building homes 6 = Sale 7 = Other (please specify) 9 = Unknown

**SECTION F: HOUSEHOLD LIVELIHOODS – CASH INCOME and OTHER BENEFITS**

<b>46. Does anyone in your household get paid to work (wage work) or conduct her/ his own formal business?</b> <i>(Ask of both the co- and non-resident household members)</i>	Yes	1	No	2
--	-----	---	----	---

*(SKIP: If 'Yes' proceed to Q47, If 'No' go to Question 48)*

**Q46 - 9**

47 What do they do? <i>(Ask of both the co- and non-resident household members)</i> - PERSON DATA						
85. Who are these household members?		Job/ business of the person	Work status	Average monthly salary cedis/cfa fra <i>SHOW CARD</i>	Where do they work? - Location	
Name	Person Number					
(A)	(B)	(C)	(D)	(E)	(F)	
	<i>Q47B</i>	<i>Q47C</i>	<i>Q47D</i>	<i>Q479E</i>	<i>Q47F1</i>	<i>Q47F2</i>
	--	-- 99	- 9	- - - - 9999	-- 99	-- 99
		<i>Extra Variables: Original codes for:</i>	<i>Ave-Havi</i>		<i>Q47F1_</i> <i>A</i>	
			<i>Akpoko/Wodome</i>		<i>Q47F1_</i> <i>B</i>	
			<i>Alawogbee</i>		<i>Q47F1_</i> <i>C</i>	
			<i>Batume</i>		<i>Q47F1_</i> <i>D</i>	
Use the appropriate person number from Q7: (C1 – C20) and from Q8: (N1 – N14)		Job/ business Write down the type of job/ business the person is currently engaged in. To be coded later	Work status 1 = Full time 2 = Part-time 3 = Casual	Average monthly salary cedis/Cfa D/K = Unknown	Location Write down name of village/ town. For the village, please indicate the region as well. To be coded later	

<b>48 Is anyone in your household involved in other income generating activities (e.g. crafts, selling firewood)?</b> <i>(Ask of both the co- and non-resident household members)</i>	Yes	1	No	2
---	-----	---	----	---

(SKIP: If 'Yes' proceed to Q49, If 'No' go to Question 50)

Q48 -

9

**49 What activity are they involved in? (Ask of both the co- and non-resident household members) - PERSON DATA**

86. Who are these household members?		Activity the person currently engaged in	How often do they sell?	Average weekly income from activity (cedis /CFA franc)	Who do they sell to?
Name	Person Number				
(A)	(B)	(C)	(D)	(E)	(F)
	Q49B	Q49C1 Q49C2	Q49D1 Q49D2	Q49E1 Q49E2	Q49F
	--	-- 99	- 9	---- 9999	- 9
Use the appropriate person number from Q7: (C1 – C20) and from Q8: (N1 – N14)		<b>Job</b> Write down the type of activity the person is currently engaged in. To be coded later	<b>How often?</b> 1 = Weekly 2 = Monthly 3 = Yearly 4 = Daily	<b>Average weekly income</b> D/K = Unknown	<b>Who do they sell to?</b> 1 = NGO 2 = Customers (street; market) 3 = Others in the settlement 4 = Other (specify)



<b>50. Does anyone in your household receive a pension?</b> (Ask of both the co- and non-resident household members)	Yes	1	No	2
---	-----	---	----	---

(SKIP: If 'Yes' proceed to Q51, If 'No' go to Question 52)

Q50 - 9

51. Who are these household members? What type of pension do they receive? (Ask of both the co- and non-resident household members) - PERSON DATA				
87. Who are these household members?		Type of pension	How often?	Average monthly amount (N\$)
Name	Person Number			
(A)	(B)	(C)	(D)	(E)
	Q51B	Q52C	Q52D	Q522E
	--	- 9	- 9	---- 9999
Use the appropriate person number from Q7: (C1 – C20) and from Q8: (N1 – N14)		Type of pension: 1 = Old age pension (GRN) 2 = Retirement pension 3 = Both	How often? Monthly intervals e.g. monthly=1; every second month=2 etc. D/K = Unknown	Average monthly amount: D/K = Unknown

<b>52. Is there anyone in your household old enough to receive a pension who doesn't get one?</b> (Ask of both the co- and non-resident household members)	Yes	1	No	2
--	-----	---	----	---

(SKIP: If 'Yes' proceed to Q53, If 'No' go to Question 54)

Q52 - 9

53. Who are these household members? Why do they not receive a pension? (Ask of both the co- and non-resident household members)- PERSON DATA			
Who are these household members?		Reasons for not receiving a pension	Code (Office use only)
Name	Person Number		
(A)	(B)	(C)	
	Q53B	Q53C1      Q53C2      Q53C3	
	--	-- 99	

Use the appropriate person number from Q7: (C1 – C20) and from Q8: (N1 – N14)			

<b>54. Does anyone in your household receive other government benefits?</b> (Ask of both the co- and non-resident household members)	Yes	1	No	2
---	-----	---	----	---

(SKIP: If 'Yes' proceed to Q55, If 'No' go to Question 56)

**Q54 - 9**

<b>55. Who are these household members? What type of other government benefit do they receive?</b> (Ask of both the co- and non-resident household members) - <b>PERSON DATA</b>				
<b>Who are these household members?</b>		<b>Type of government benefit</b>	<b>How often?</b>	<b>Average monthly amount (cedis/ Cfa</b>
<b>Name</b>	<b>Person Number</b>			
(A)	(B)	(C)	(D)	(E)
	<b>Q55B</b>	<b>Q55C</b>	<b>Q55D</b>	<b>Q55E</b>
	- -	- 9	- 9	- - - - 9999
Use the appropriate person number from Q7: (C1 – C20) and from Q8: (N1 – N14)		<b>Type of benefit:</b> 1 = Foster care grant 2 = Maintenance grant 3 = Disability grant 4 = Workman's compensation 5 = Other (specify)	<b>How often?</b> Monthly intervals e.g. monthly=1; annually=2 etc. D/K = Unknown	<b>Average monthly amount:</b> D/K = Unknown

<b>56. How do absent household members contribute to the household livelihood?</b> (Circle ALL that apply) If they send money, please record the total average amount per month from all absent HH members.			
	<b>Code</b>		<b>Cash remittance/ month</b>
a. Cash remittances	1	<b>Q56A - 9</b>	<b>Cedis/Cfa Q56A1 - - - - 9999</b>
b. Food	2		
c. Clothes	3		
d. Other (specify)	4		
e. Do not contribute	5		
f. No non-resident HH members	6		

**57 Do absent household members contribute to one-off or unexpected events such as:**

*(Circle ALL that apply)*

	Code	
a. Natural disasters e.g. drought, flood	1	
b. Before harvest if food supplies are low	2	
c. Weddings	3	
d. Illnesses	4	
e. Funerals	5	
f. Other (specify)	6	
g. Do not contribute	7	Q57G - 9
h. No non-resident HH members	8	Q57H - 9

**58. Does your household receive Food Aid?**

Yes

1

No

2

*(SKIP: If 'Yes' proceed to Q59, If 'No' go to Section G*

*Q58 - 9*

**59. If yes, what institution/s is/ are involved and who should benefit from this Food Aid?**

Type of Food Aid	Institution involved	Target population/ Reason for food aid
Q59A1	Q59B1	Q59C1_1 Q59C2_1

## SECTION G LIVELIHOODS ACTIVITIES – IMPORTANCE AND AFFECTS

**60. Of the livelihood activities you have described please identify (rank) THREE in order of importance to your household in making a living.**

*Circle the codes of those livelihood activities that the respondent has mentioned.*

*The column (C) Rank' should only have three codes: 1 = Most important; 2 = Second most important; 3 = third most important.*

Livelihood activity	Code		Rank	Please give reasons for your answer
	(A)		(B)	(C)
a. Livestock rearing	1			
b. Cropping	2	<i>Q60A2</i> - - <i>99</i>	<i>Q60B2</i> - 9	<i>Q60C1_2</i> <i>Q60C2_2</i> - - <i>99</i>
c. Fishing	3			
d. Harvesting natural resources	4			
e. Working for a wage/business	5			
f. Engage in other income-generating activity	6			
g. Receiving a pension	7			
h. Receiving other GRN benefits	8			
i. Receiving remittances	9			
j. Getting food aid	10			

<b>61. Has this order of importance stayed the same over the last 5 years?</b>	Yes	1	No	2
--	-----	---	----	---

*(SKIP: If 'No' proceed to Q62, If 'Yes' go to Question 63)*

*Q61 - 9*

<b>62. If yes please explain why the importance of these activities has changed?</b>	<b>Code (Office use only)</b>
<i>Q62A</i> - - <i>99</i>	
<i>Q62B</i> - - <i>99</i>	

<b>63. What most affects your livelihood activities?</b>				
<i>If the condition/ experience are applicable circle the code and complete the other three questions in that row. If the condition/ experience are not applicable, skip to the next row without circling the code.</i>				
	Code	In the last 5 years how often have these affected your household?	Which activities did they affect? For example: crop failure	How did you overcome this? For example: reliance on other activities/ family; sell household assets; use savings; get a loan/ credit; household members migrate to find a new job

(A)		(B)	(C)	(D)
<i>Q63A1</i>		<i>Q63B1</i>	<i>Q63C1_1 to Q63C3_1</i>	<i>Q63D1_1 to Q63D3_1</i>
<i>to</i>		<i>to</i>	<i>to</i>	<i>to</i>
<i>Q63A6</i>		<i>Q63B5</i>	<i>Q63C1_5 to Q63C3_5</i>	<i>Q63D1_5 to Q63D3_5</i>
<i>- 9</i>		<i>-- 99</i>	<i>-- 99</i>	<i>-- 99</i>
a. Drought	<b>1</b>			
b. Pests (disease of crops/livestock)	<b>2</b>			
c. Illness of Family member	<b>3</b>			
d. Death of Family Member	<b>4</b>			
e. Other – please state	<b>5</b>			
<i>f. None</i>	<i>6</i>			

**64. Please list the three biggest expenses that your household has to meet (e.g. school fees/ funerals/ food)?**

*The column 'Rank' should only contain three codes: 1 = Most important; 2 = Second most important; 3 = third most important.*

Expense	Rank	Code (Office use only)
---------	------	------------------------

a.	<i>Q64A1 - 9</i>	<i>Q64A2 - - 99</i>
b.	<i>Q64B1 - 9</i>	<i>Q64B2 - - 99</i>
c.	<i>Q64C1 - 9</i>	<i>Q64C2 - - 99</i>

**65. If you cannot pay for these what do you do? (rank in order of importance)**

*First column 'Code': Circle ALL that apply*

*The second column 'Rank' should only contain three codes: 1 = Most important; 2 = Second most important; 3 = third most important.*

	Code		Rank
a. Sell cattle	1	<i>Q65A1 - - 99</i>	<i>Q65A2 - 9</i>
b. Sell small stock	2		
c. Sell crops	3		
d. Borrow from family	4		
e. Borrow from friends	5		
f. Get a loan	6		
g. Buy food etc. on credit	7		
h. Use savings	8		
i. Other (please specify)	9		

**66. In your village, would you describe your living as:**

<i>Q66 - 9</i>	
Worse than most?	1
Better than most?	2
The same as most?	3
<i>Cannot compare themselves to other HHs</i>	<i>4</i>

<b>67. Please explain your answer above</b>	<b>Code (Office use only)</b>
<i>Q67A - - 99</i>	
<i>Q67B - - 99</i>	
<i>Q67C - - 99</i>	
<i>Q67d - - 99</i>	

**68. Will you be willing to give us more information about your household if we come back again?**

*(Ask only if you note that this is an elderly headed household or an interesting household with an elderly member)*

Yes

1

No

2

**THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER MY QUESTIONS.**



## **APPENDIX 2**

### **The Interview**

The interview will cover households that have been sampled after the survey method has been done. It will involve all members of the family who are resident members of the households. Most of the households have an average of 5 members. I will therefore like to interview only two of each of the households to be sampled in each study site.

Most of the questions on AIDS must be asked towards the end of the questions as there could be a high probability of people not willing to talk about it as a result of stigma. Questions will be directed to the Ministries, Councils, NGOs, and which will be based on policy issues, some of the questions must come out from what policy is in place, not forgetting the International agenda.

### **SEMI STRUCTURED**

#### **A. VULNERABILITIES & CAPABILITIES**

1. Does the household receive remittances from family members outside? .....
- 2a. Which gender has more entitlement to the household resources? ..... Why? .....
- 2b. Which gender is more vulnerable in the household? ..... And why do you think so.....?

#### **B. POWER RELATIONS BETWEEN GENDER**

3. Who takes most decisions at home? ..... And why.....?
4. How do you compare the status of women and men? .....
5. Who seems to be more dominant in the household/ deciding most? ..... And why? .....
6. Who in your opinion is working more in the home/household? .....
7. How do you see women's employment and autonomy? .....
8. Do you think that the gender roles bring harmony or disagreement in the household? .....
9. How can you describe men's attitudes towards i) women's empowerment ii) decision making iii) women's autonomy?.....

#### **C. NETWORKS IN THE HOUSEHOLD AND ACROSS THE BORDER.**

10. What kind of relations do you have across the border? A. Family members. B. Friends C. Business partners D. Others ( State in order of importance ).

11. How often do you visit each other? A. ....D. Others

12. On which occasions are you obliged to visit each other across the border? A. During festivals B. Occasions of death C. When looking for job D. When the need arises.

13. What kind of networks do you have? .....

14. How do they relate to Livelihoods? A. Very significantly in the grand scheme of things B. Not significantly C. Less significantly D. Don't know

15. To what extent can you say these inter border crosses are either helpful or not helpful? A.....D. Don't know

16. If the cross-border networks involve trading activities, waged labour and mobility, which gender is doing more of it? .....

17. Do you think there could be some risks involving crossing the border very often? .....

18. Could you name some of the risks you imagine could be there? ( In order of severity) A. Sickness B. Robbery C. Don't know

19. In your view how do you think this cross-border activities affect the rural livelihoods strategies and the networks. A. ....

20. What role do you think the local institutions play in the livelihood and networks of the people. ....

#### **D. HIV/AIDS and other long term illness- knowledge of it and other STI.**

21. What are the sources of some of the long term illnesses in the household? .....Don't know

22. Name the sources of your knowledge about HIV/AIDS A. Churches B. Schools. C. Government campaigns D. NGOs E. Radio/TV F. Others

23 A. Who gets the sickness often? A. home-based/ resident people B. Travellers C. Non residents . ....

23 B. What Age and Sex are those mostly affected .....both sexes

24. What kind of help/ support exists in the family, household for those affected? .....

25 A. Are there some external support for the affected? .....

25 B. Name them.....

26. What factors promote the spread of HIV/AIDS in the household/ area? A. polygyny B. Casual sex partners C. Lack of condom use D. Lack of knowledge
27. Is there some connection between those people moving across the border and those who fall sick? .....
28. Who carries the responsibility of those sick and their dependents? ..... Both sexes
29. How are the people's livelihoods helped or otherwise by those travelling /non-residents? .....
30. How does HIV/ AIDS affect the Livelihoods of the people in the household and the community? A..... E. Others
31. What in your view are some of the strong relationships between the Migrating people, Livelihoods and HIV/AIDS? A..... D. Others
32. How do the illness affect the network? A. .... D. Don't know.
33. What could be done to avoid the negatives impact of the disease on the people's livelihoods and migration? A. .... E. Others.
34. Who are more affected by the three factors (HIV/AIDS, livelihoods, migration)..... A. Ghana side. B. Togo side C. Don't know
35. What do you feel is significant in the grand scheme of things that affect the Livelihoods more positively? A. D. Other. E. Don't know

Do you have any suggestions to be made in view of the general discussion we had?

.....  
THANK YOU VERY MUCH FOR ANSWERING THESE QUESTIONS.

APPENDIX 3

Lomé le 11 Avril 2007

Simon K. Duphey  
P.O. Box: 48  
Assemblies of God Church  
Dzodze V.R.  
GHANA

A


Monsieur le ministre de la santé

Objet: Demande d'investigation

Monsieur le ministre,

Je viens très respectueusement solliciter auprès de votre haute bienveillance, la permission d'effectuer une étude sur l'impact du VIH/SIDA sur les communautés rurales au niveau de la frontière TOGO - GHANA. Je suis postulant pour le Doctorat et pour soutenir ma thèse, l'université de SHEFFIELD dont je suis élève vous prie de me fournir tous les documents qui me permettront d'établir statistiquement l'impact du VIH sur ces populations. Ci-joint la lettre du Département de Géographie de l'université de SHEFFIELD.

Veuillez agréer monsieur le ministre l'expression de mes sentiments les plus distingués.



## APPENDIX 4



The  
University  
Of  
Sheffield.

Department  
Of  
Geography.

TO WHOM IT MAY CONCERN  
LOME, TOGO

Department of Geography  
University of Sheffield  
Winter Street  
SHEFFIELD  
S10 2TN

9th October 2006

Telephone: 0114 222 7953  
Fax: 0114 279 7912  
Email: [D.Sporton@Sheffield.ac.uk](mailto:D.Sporton@Sheffield.ac.uk)

Dear Sir/Madam,

Simon K. Duphey

Simon K Duphey is a registered postgraduate student studying for a Ph.D. in the Department of Geography, University of Sheffield, UK. Simon joined our postgraduate school in October 2005 to investigate *The Impacts of HIV/AIDS on rural livelihoods: The case of the Ghana-Togo border region*. I am writing this letter to you in my capacity as Simon's Ph.D. supervisor to request any support that you might be able to offer Simon to help him successfully complete his field research while he is in the region from November 2006—August 2007.

Simon's research is of considerable importance addressing the relationship between HIV/AIDS, Livelihoods and Migration in a cross-border context. Although the role of population mobility in the transmission of STDs and HIV/AIDS in cross-border areas is now widely recognised (e.g. UNAIDS Western Africa Initiative), ***little is known about the indirect effects of HIV-AIDS deaths and illness on livelihoods in these areas that may be trans-national and multi-local in nature.*** The Ghana-Togo borderland is characterised by cross-border movements of people, who share a common ethnic ancestry and practise similar mixed livelihoods but ***who have been subject to different colonial histories and post-colonial policies.*** The research that Simon is undertaking will provide, for the first time, a comprehensive study of the complex ways in which household livelihoods have been affected by HIV/AIDS in the Ghana/Togo border region.

Simon is an extremely talented postgraduate student and his progress so far in his studies and in the planning of his field research has been exemplary. Simon is actually from the border region in Ghana where the proposed research will take place. I commend him to you in the strongest possible terms. He is an excellent student undertaking research that is at the cutting-edge and that will produce outputs that have the potential to inform policy and practise.

Yours sincerely,

Dr Deborah Sporton

(Senior Lecturer and Research Supervisor)



## APPENDIX 5



The  
University  
Of  
Sheffield.

Department  
Of  
Geography.

TO WHOM IT MAY CONCERN  
ACCRA, GHANA

Department of Geography  
University of Sheffield  
Winter Street  
SHEFFIELD  
S10 2TN

9th October 2006

Telephone: 0114 222 7953  
Fax: 0114 279 7912  
Email: [D.Sporton@Sheffield.ac.uk](mailto:D.Sporton@Sheffield.ac.uk)

Dear Sir/Madam,

**Simon K. Duphey**

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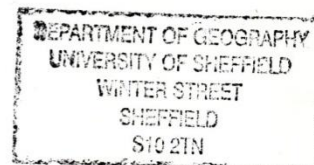
Simon's research is of considerable importance addressing the relationship between HIV/AIDS, Livelihoods and Migration in a cross-border context. Although the role of population mobility in the transmission of STDs and HIV/AIDS in cross-border areas is now widely recognised (e.g. UNAIDS Western Africa Initiative), **little is known about the indirect effects of HIV/AIDS deaths and illness on livelihoods in these areas that may be trans-national and multi-local in nature**. The Ghana-Togo borderland is characterised by cross-border movements of people, who share a common ethnic ancestry and practise similar mixed livelihoods but **who have been subject to different colonial histories and post-colonial policies**. The research that Simon is undertaking will provide, for the first time, a comprehensive study of the complex ways in which household livelihoods have been affected by HIV/AIDS in the Ghana/Togo border region.

Simon is an extremely talented postgraduate student and his progress so far in his studies and in the planning of his field research has been exemplary. Simon is actually from the border region in Ghana where the proposed research will take place. I commend him to you in the strongest possible terms. He is an excellent student undertaking research that is at the cutting-edge and that will produce outputs that have the potential to inform policy and practise.

Yours sincerely,

Dr Deborah Sporton

(Senior Lecturer and Research Supervisor)





## APPENDIX 6



The  
University  
Of  
Sheffield.

Department  
Of  
Geography.

Embassy of the Republic of Togo,  
Togo House, Near Cantonments Circle,  
P.O. Box C120,  
Cantonments, Accra.

Department of Geography  
University of Sheffield  
Winter Street  
SHEFFIELD  
S10 2TN

9<sup>th</sup> October 2006

Telephone: 0114 222 7953  
Fax: 0114 279 7912  
Email: [D.Sporton@Sheffield.ac.uk](mailto:D.Sporton@Sheffield.ac.uk)

Dear Sir/Madam,

Simon K. Duphey

Simon K Duphey is a registered postgraduate student studying for a Ph.D. in the Department of Geography, University of Sheffield, UK. Simon joined our postgraduate school in October 2005 to investigate *The Impacts of HIV/AIDS on rural livelihoods: The case of the Ghana-Togo border region*. I am writing this letter to you in my capacity as Simon's Ph.D. supervisor to request any support that you might be able to offer Simon to help him successfully complete his field research while he is in the region from November 2006—August 2007.

Simon's research is of considerable importance addressing the relationship between HIV/AIDS, Livelihoods and Migration in a cross-border context. Although the role of population mobility in the transmission of STDs and HIV/AIDS in cross-border areas is now widely recognised (e.g. UNAIDS Western Africa Initiative), **little is known about the indirect effects of HIV-AIDS deaths and illness on livelihoods in these areas that may be trans-national and multi-local in nature**. The Ghana-Togo borderland is characterised by cross-border movements of people, who share a common ethnic ancestry and practise similar mixed livelihoods but **who have been subject to different colonial histories and post-colonial policies**. The research that Simon is undertaking will provide, for the first time, a comprehensive study of the complex ways in which household livelihoods have been affected by HIV/AIDS in the Ghana/Togo border region.

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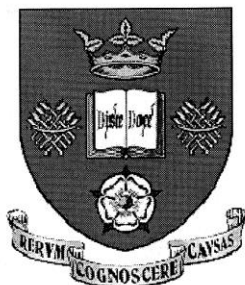
Yours sincerely,

Dr Deborah Sporton

(Senior Lecturer and Research Supervisor)



## APPENDIX 7



**Dr Andrew Jonathan Hodson**

Department of Geography  
University of Sheffield  
Sheffield University  
S10 2TN  
United Kingdom

Tel (work): +44 114 222 7950  
Fax(work): +44 144 222 7912  
e-mail: [a.j.hodson@sheffield.ac.uk](mailto:a.j.hodson@sheffield.ac.uk)

24<sup>th</sup> June, 2005

Simon Duphey,  
Brinkveien 36,  
N – 9012 Tromsø  
Norway.

Dear Simon

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### RE STUDY OF IMPACT OF HIV AND AIDS ON RURAL HOUSEHOLDS IN GHANA

I wish to write in my capacity as Postgraduate Tutor in the Geography Department at Sheffield University. As you are aware, you have been offered a place on our PhD programme, commencing in September this year, and supervised by Drs. D. Sporton and J. Rigby. I am writing in order to seek confirmation that you are completely aware that the level of full support we are offering you is for one year and for one year only. Further, in order to be able to provide this, you must provide for us formal evidence that you are seeking funds from external sources. This is a condition imposed upon us in order to be able to allocate departmental monies to your study, should they be necessary.

Please will you consider again the limits of the above support and provide me with written confirmation that these are acceptable by 14<sup>th</sup> July, 2005. Further, could you also include in your response the information we require with respect to external funding.

Yours sincerely

Andrew Hodson



